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| Subject: | **Affiliate Conflict of Interest Disclosure Form** |
| Policy No.: | Appendix B to Policy FIN-007-C | Category: | Financial Management |
| Owner: | Vice-President, Organizational Performance & Corporate Services | Effective Date: | 1 May 2022 |
| Approved By: | President & CEO | Last Revised: |  |
| Next Review: | May 2025 |

**Introduction:**

Agents, Service Providers and Applicants (collectively, “affiliates”) of Healthcare Excellence Canada (HEC) are required to complete, sign, and deliver this form to their HEC staff contact or to the Vice-President, Organizational Performance & Corporate Services. This form should be completed at the beginning of any engagement with HEC. Any questions concerning this form or Policy FIN-007-C should be directed to their staff contact or to the Vice-President, Organizational Performance & Corporate Services.

The information disclosed here will be reviewed only by HEC management. It will be assessed to identify signs of potential conflicts of interest. A manager will be in contact with you should any questions arise.

Please provide complete answers to the questions below providing as much information as is required to provide a full explanation. If space is insufficient, please append additional pages as required.

**Disclosure:**

**1. PERSONAL ENGAGEMENTS WITH HEC:** If in the past five (5) years you, your spouse, or your child has been party to any contract with or volunteered with HEC, briefly state the nature of that engagement:

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**2. ORGANIZATIONAL ENGAGEMENTS WITH HEC:** If you are or have been a director, officer, owner, employee, or contractor with any organization that you are aware has had dealings with the HEC, please identify the organization and briefly state the nature of your involvement.

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**3. HEALTH CARE SECTOR:** Please list any officer, director, employee, contractor, or other role in which you have been engaged in the past five (5) years, in any organization which provides health care services, provides services to the healthcare sector or which lobbies for or in relation to the health care sector.

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**4. EMPLOYMENT OR CONTRACTOR POSITIONS:** Please list any organizations where you have been employed or to whom you have provided services, in the past five (5) years.

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**5. OTHER POTENTIAL CONFLICTS:** If you are involved in any activity or organization or have any business or personal interest which you think might pose a conflict with the HEC, please explain.

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**Declaration:**

I declare that:

1. I have read Policy FIN-007-C Affiliate Conflicts of Interest and Disclosure as well as Appendix A to Policy FIN-007-C Affiliate Conflicts of Interest and Disclosure Procedures.
2. I acknowledge that I am bound by Policy FIN-007-C Affiliate Conflicts of Interest and Disclosure, including the requirements outlined in the policy and its accompanying Appendix A.
3. I understand and acknowledge that my failure to comply with Policy FIN-007-C Affiliate Conflicts of Interest and Disclosure or Appendix A to Policy FIN-007-C will be considered a breach of my obligations to HEC and may result in termination of my relationship with HEC.

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Name (Please print) Signature Date (YYYY/MM/DD)

Position/Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name (Please Print) Witness Signature