

Conflict of Interest Assessment Form

Ref#: CNS/ _____

Name: _____ Payroll Number: _____

Assessment by the Director of CNS

I have reviewed the information provided and in my judgment:

- No conflict of interest exists.
- A conflict of interest may exist but does not appear to be significant.
A conflict of interest may exist and a plan for the management of the situation is in place and
- reviewed regularly to ensure that the potential conflict of interest/ commitment is eliminated, minimized, or managed.
- A conflict of interest may exist and a plan for the management of the situation should be drafted and put in place

I recommend the following action: _____

Signature (Director of CNS) _____ Date _____

Assessment by the VP for Administration

Comments: _____

Signature (VP for Administration) _____ Date _____

Acknowledge Receipt of the Recommendations

Conflict of interest/commitment management plan reference number: _____

I _____ acknowledge receipt of and accept responsibility for complying with the aforementioned recommendations and decisions to ensure that the potential conflict of interest is eliminated or minimized.

Signature _____ Date _____