



## 2021 ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name:

Position: Board Member

I have received a copy of, and have read and understand, the Washington Center for Nursing (WCN) Conflict of Interest Policy. I agree to comply with the WCN Conflict of Interest Policy. I understand that the WCN is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

I have a financial interest, as defined by the WCN Conflicts of Interest Policy, in the following entities:

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I am a director, officer, or member of a committee, or volunteer of the following organizations:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_