

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services
Long Term Care Ombudsman Program

CONFLICT OF INTEREST STATEMENT

Let it be known to all that neither I nor my immediate family members (spouse, sibling, child or parent):

- are involved (directly or indirectly) in the licensing or certification of long term care facilities or a provider of long term care services;
- have ownership or investment interest (represented by equity, debt or other financial relationship) in a long term care facility or a long term care service;
- are employed by, or participate in the management of a long term care facility;
- receive, or have the right to received (directly or indirectly) remuneration (in cash or in-kind) under a compensation arrangement with an owner or operator of a long term care facility;
- receive services from a long term care provider.

If I become involved in a conflict of interest as described in the Ombudsman Program standards or believe an activity that I am involved with may be conflict, I will take responsibility to advise my supervisor of such a possible conflict.

A request for Waiver of a Conflict of Interest Statement may be made according to the Long Term Care Ombudsman Program Policy 3705.4.

Print Name of Ombudsman or Volunteer: _____

Signature of Ombudsman or Volunteer: _____ Date: _____

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Signature of Ombudsman or Volunteer: _____ Date: _____