

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

**CONFLICT OF INTEREST STATEMENT**

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Let it be known to all that neither I nor my immediate family members (*spouse, sibling(s), 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;
- Employed by, or participate in the management of a long-term care facility;
- Receive, or have the right to receive (*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;
- Accept gifts or gratuities of significant value from a long-term care facility, management, a resident, or resident representative in which the Ombudsman provides services;
- Accept money or any other consideration from anyone other than the Office, or an entity approved by the Ombudsman;
- Serve as guardian, conservator, or in another fiduciary or surrogate decision-making capacity for a resident of a long-term care facility in which the Ombudsman provides services; or
- Service residents of a facility in which an immediate family member resides.

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 conflicting with my service, 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 3705.7

PRINT NAME OF OMBUDSMAN OR VOLUNTEER	SIGNATURE OF OMBUDSMAN OR VOLUNTEER	DATE
PRINT NAME OF OMBUDSMAN COORDINATOR	SIGNATURE OF OMBUDSMAN COORDINATOR	DATE