



Conflict of Interest Statement

16 West Long Street • Columbus, Ohio 43215 • (614) 225-0980 • Fax (614) 225-0986

I hereby certify 1) I have received a copy of the Board of Directors Conflict of Interest policy, 2) I have read and understand the policy, 3) I agree to comply with the policy, 4) I understand the corporation is a charitable organization and that in order to maintain its federal tax exemption, it must engage in activities that accomplish one or more of its tax exempt purposes.

I have a financial interest in the following organizations with which Southeast, Inc. has an arrangement or a transaction in which I may have a conflict of interest.

Interests that require disclosure include affiliations with any organization in which the undersigned or immediate family member of the undersigned is an officer, director, member, shareholder, owner (either as sole proprietor or partner), employee or agent.

Name of Organization with potential conflict of interest / Nature of Interest Corporate Address

I am a resident of, employed **and or** have interest in the geographic areas in which Southeast, Inc. is a service provider.

Yes No

I derive more than 10% of my annual income from the healthcare industry.

Yes No

My current employer is: _____

I currently serve on the following boards:

I am related by consanguinity or marriage to a member of the Southeast, Inc. Board of Directors.

Yes No

I hereby certify the above information is true, correct and complete to the best of my knowledge, information and belief.

Board Member (Please Print Name)

Board Member's Signature

Date