

**NATIONAL INSTITUTES OF HEALTH
COMMITTEE MANAGEMENT HANDBOOK**

Chapter VI - Illustration 12

**POST-MEETING CONFLICT OF INTEREST CERTIFICATION FORM
FOR EX OFFICIO MEMBERS AND ALTERNATES**

Name of Committee: **[INSERT NAME OF PROGRAM ADVISORY COMMITTEE]**

Date of Meeting: **[INSERT MEETING DATE]**

This certifies that during the above described meeting, I absented myself and did not participate in discussions of any individual programs and projects in which I or to my knowledge my spouse, minor child, or partner has a financial interest, nor from an organization or institution where I am an employee, officer, director, trustee, general partner, or am negotiating for employment or otherwise have a financial interest.

In Committee discussions in which a consensus of recommendations were obtained on individual programs and projects, I did not participate in the discussion of any program or project from any institution fulfilling the criteria in the preceding paragraph.

Typed Name _____

Signature _____

Date _____