



Conflict of Interest Policy
Annual Affirmation of Compliance
and Disclosure Statement

I have received and carefully read the Conflict of Interest Policy for board members, committee members, and staff of the International Association of Forensic Nurses (IAFN) (including the *Journal of Forensic Nursing* Editorial Board, the Commission for Forensic Nursing Certification and its associated committees, subcommittees, or task forces, and all other organizational entities functioning at the direction of the IAFN Board of Directors), and have considered not only the literal expression of the policy, but also its intent. By signing this affirmation of compliance, I hereby affirm that I understand and agree to comply with the Conflict of Interest Policy. I further understand that Forensic Nurses is a 501(c)6 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.

If any situation should arise in the future which I think may involve an actual or potential conflict of interest, I will promptly and fully disclose the circumstances to the President of the Board of Directors or to the CEO, as applicable.

I certify that the information set forth in the Disclosure Statement and attachments, if any, is true and correct to the best of my knowledge, information and belief.

***CONFLICT OF INTEREST
DISCLOSURE STATEMENT***

This form must be filed annually by all specified parties, as identified in the IAFN Conflict of Interest Policy. If you are reporting any actual or potential conflict, please provide detailed information below, and attach additional sheets if necessary.

I have no conflict of interest to report

I have the following conflict of interest to report (please specify):

The undersigned, by their affixed signature, note their understanding of the implications of this policy.

Signature

Printed Name

Date