

**Conflict of Interest Disclosure Form and Confidentiality Agreement**

Name:

Position (Site Team Member/ Consultant/ Commissioner):

E-mail:

Hospitality Program(s) being reviewed (Name of Institution):
Role: (Site Visit/Consultation Visit/Commission Meeting):

**Conflict of Interest Defined:**

A conflict of interest is an actual or perceived interest by staff, commissioners or other volunteers in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain.

**Examples of Potential Conflicts of Interest:**

* Having served in the last seven years, or currently serving, as a consultant to an institution seeking programmatic accreditation by ACPHA;
* Having been employed in the past seven years or currently employed, at the institution;
* Having been on a site visit to this institution in the last seven years;
* Currently serving on a Board, Advisory Council, or Committee of the institution;
* Having attended the institution as a student;
* Having a close personal friend or family member at the institution; or
* Having accepted gifts, entertainment or other favors from individuals or entities at the institution.

***All such circumstances should be disclosed to the ACPHA Executive Director, as appropriate, and a decision made as to what course of action the organization or individuals should take to ensure that integrity of ACPHA’s decisions and decision-making processes are not compromised.***

\_\_\_\_\_\_ I **do not** have a conflict of interest with this/these institution(s)

\_\_\_\_\_ I **do** have a potential conflict of interest to report (please describe this below)

* *I hereby certify that the information set forth above is true and complete to the best of my knowledge and belief.*
* *I agree to treat all documents, correspondence and discussions related to official ACPHA business as confidential.*
* *I further agree to respect and follow ACPHA’s policies and procedures concerning the disclosure of information and the retention and disposal of documents.*
* *I understand that electronically typing my name in this document is considered to be the same legally-binding effect as signing my name using pen and paper. I have read and received a copy of this form.*

Electronic Signature: Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of potential conflict of interest: