



CONFLICT OF INTEREST DISCLOSURE STATEMENT

Pursuant to the *NASW Conflict of Interest Policy* requiring disclosure of certain interests and consistent with the purposes and intentions of the Policy, I hereby state that I or members of my family or of my household have the following affiliations or interests and have taken part in or are now taking part in the following transactions that, considered in conjunction with my position with or relation to NASW and its related entities, may constitute a conflict of interest (state “none” where applicable):

1. Financial or Business Relationships:

Identify any financial or business relationships that you have with NASW or its affiliated organization or with any organization that does business with NASW or its affiliated organizations. If none, so state:

2. Financial or Business Relationships (Family Members):

Identify any financial or business relationships that any member of your family or household has with NASW or its affiliated organization or with any organization that does business with NASW or its affiliated organizations. If none, so state:

3. Gifts, Gratuities and Entertainment:

Identify any instance, of which you are aware, in which you, or any member of your family or household, has accepted during the past twelve months any gifts, loans, or payment valued at \$50 or more from any source from which NASW or related entities buy goods or services or otherwise have significant business dealings. (Reimbursement for travel expenses or Board/committee expenses is not included in this item.)

4. Government Affiliations:

Please list below any elected or appointive office or position that you, or any member of your family or household, hold in any branch of government or in any regulatory agency having authority or jurisdiction over NASW or its subsidiaries and related organizations. If none, so state:

5. Other:

List any other personal, family, financial, or business relationships that otherwise could be construed as affecting your independent, unbiased judgment in light of your decision-making authority or responsibilities for NASW. If none, so state:

I hereby acknowledge that the information disclosed herein is, to the best of my knowledge, complete and accurate. I hereby agree to report promptly any situation or transaction that may arise during the forthcoming year that constitutes an actual or potential conflict of interest and report same on an amended Disclosure Statement in accordance with the *NASW Conflict of Interest Policy*.

Signature

Name (Print)

Position / Office

Date