AAA-1402A FORFF (12-22)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Aging and Adult Services Long Term Care Ombudsman Program

CONFLICT OF INTEREST STATEMENT

Let it be known to all that neither I nor my immediate family members (spouse, sibling(s), child, or parent):

- Are involved (directly or indirectly) in the licensing or certification of long-term care facilities or a provider of long-term care services;
- Have ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
- Employed by, or participate in the management of a long-term care facility;
- Receive, or have the right to receive (directly or indirectly) remuneration (in cash or in-kind) under a compensation arrangement with an owner or operator of a long-term care facility;
- · Receive services from a long-term care provider;
- Accept gifts or gratuities of significant value from a long-term care facility, management, a resident, or resident representative in which the Ombudsman provides services;
- Accept money or any other consideration form anyone other than the Office, or an entity approved by the Ombudsman;
- Serve as guardian, conservator, or in another fiduciary or surrogate decision-making capacity for a resident of a long-term care facility in which the Ombudsman provides services; or
- · Service residents of a facility in which an immediate family member resides.

If I become involved in a conflict of interest as described in the Ombudsman Program standards or believe an activity that I am involved with may be conflicting with my service, I will take responsibility to advise my supervisor of such a possible conflict.

A request for Waiver of a Conflict of Interest Statement may be made according to the Long Term Care Ombudsman Program Policy 3705.7

Print Name of Ombudsman or Volunteer:	
Signature of Ombudsman or Volunteer:	Date:
Print Name of Ombudsman Coordinator:	
Signature of Ombudsman Coordinator:	Date: