

**North Carolina Medical Society
Conflict of Interest Disclosure Statement for
Officers, Directors, Committee Members and Senior Staff**

Please initial in the space at the end of Item A or initial and complete Item B, whichever is appropriate. Complete Item C, and sign and date the statement. Return it to Kelly Wilson, NCMS.

A. I am not aware of any relationship or interest or situation involving me or my family which might result in, or give the appearance of being, a conflict of interest between such family member or me on one hand and the North Carolina Medical Society (NCMS) on the other.

Initials

B. The following are relationships, interests or situations involving me or a member of my family which I consider might result in or appear to be an actual, apparent or potential conflict of interest between such family members or myself on one hand and the NCMS on the other;

(Attach additional sheets if necessary.)

Initials

- For-profit corporate directorships, positions or employment:

- Nonprofit trusteeships or positions:

- Memberships in the following organizations:

- Contracts, business activities and investments with or in the following organizations:

- Other benefits, arrangements, relationships, activities, etc.:

C. My primary business or occupation at this time is:

This Conflict of Interest Disclosure Statement and information contained herein shall be confidential and shall be used by the North Carolina Medical Society only to the extent necessary to address actual, apparent, or potential conflicts of interest.

I have read and understand the North Carolina Medical Society conflict of interest policy and agree to be bound by it. I will promptly inform the Executive Vice President, CEO of the North Carolina Medical Society in writing of any material change that develops in the information requested or contained in the foregoing statement.

Type or print name

Signature

Date