



**Sherman College of Chiropractic  
Board of Trustees  
Conflict of Interest Disclosure Form**

(Please print) First / Last Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

For you, your spouse, if any, and all family members, please describe below any relationships, transactions, positions held (volunteer or otherwise), or circumstances that could present a conflict of interest between your service to Sherman College of Chiropractic and your personal and/or family interests. For purposes of this description, a “conflict of interest” means a situation or circumstance that may impact your ability to be impartial and unbiased in your service to Sherman College (i.e., ANY chiropractic relationships, positions, memberships, etc., OTHER than Sherman College.)

\_\_\_\_\_ I have no conflict of interest to report

\_\_\_\_\_ To provide full transparency, I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (spouse/family member) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of Sherman College of Chiropractic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_