



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

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: