

**CONFLICT OF INTEREST PROCEDURE & STATEMENTS**  
**4/4/98**

**Procedure:** In order to protect the Association's interest when the Association as a whole, or any of its committees with board delegated powers is contemplating entering into a transaction or arrangement that might benefit the private interest of an interested person such as an officer or director of the Association or an immediate family member of the foregoing, such conflicts must be identified and addressed. Annually, each member of the Board of Directors and any member of a committee with board delegate powers shall review the conflict of interest policy and complete the statement of compliance with same. Additionally, such individuals shall annually disclose any actual or possible conflicts of interest. Furthermore, **an interested person has an ongoing duty to disclose the existence and nature of his or her financial interest to the directors and members of committees with board delegated powers considering the proposed transaction or arrangement.** Failure to comply with the Conflicts of Interest Policy will result in Disciplinary and Corrective Action being taken, up to and including a loss of the position held by the individual.

**STATEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY**

I understand that the Iowa Nurses' Association is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. To facilitate INA's accomplishing its objectives, I affirm the following: I have received a copy of the conflicts of interest policy. I have read and understand the policy. I agree to abide by the policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISCLOSURE OF CONFLICTS OF INTEREST**

I hereby state that I or a member of my immediate family have the following affiliations (employment, contractual, or otherwise) or interests and have taken part in the following transactions with Iowa Nurses' Association or any organizations or companies currently doing business with the Iowa Nurses' Association, which, when considered in conjunction with my relationship to the Iowa Nurses' Association may pose a conflict of interest. (Write "none" where applicable.)

1. List and describe, with respect to yourself or your immediate family, all ownership interests, whether legal or equitable, which is or may be construed as a possible or actual conflict of interest with the Iowa Nurses' Association.
  
2. List and describe any other interests, other than ownership, including employment or contractual, with respect to yourself or your immediate family, which is or may be construed as a possible or actual conflict of interest with the Iowa Nurses' Association.
  
3. List and describe any outside activities/affiliations you or your family are engaged in which is or may be construed as a possible conflict of interest with the Iowa Nurses' Association.
  
4. Describe any gifts, gratuities, or entertainment received by you or any member of your immediate family which might tend to influence your judgment or actions concerning business of the Iowa Nurses Association.
  
5. List any other activities in which you or your immediate family are engaged which could possibly be regarded as constituting a conflict of interest.

I attest that the foregoing information is a complete and accurate disclosure of my relationships and those relationships involving my immediate family with the Iowa Nurses' Association and companies or organizations currently doing business with the Iowa Nurses' Association. I agree that any and all of the above mentioned entities will not be granted a preference in any way in decisions made by me in my role as a Board of Directors member or as a member of a committee with board delegated powers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date