NORTH CAROLINA LOCAL HEALTH DEPARTMENT ACCREDITATION BOARD
Program Policies and Procedures

Disclosure of Conflict of Interest Statement

Manual:	Applicable Signatures/Title
Section:	Administrator:
Distributed to/Date:	Board Chair:
	NCIPH Director:
	Effective Date:
	Supercedes:

In compliance with the North Carolina Local Health Department Accreditation (NCLHDA) Board policy on Conflict of Interest, all site visitors are responsible for identifying to the Accreditation Administrator (AA) any actual or potential conflicts of interest regarding their selection and/or participation as a member of the site visit team that will evaluate a local health department.

☐ I do not have a known conflict of interest.

☐ I am notifying the AA of the following conflict of interest.

I understand that the above conditions may determine my ability to serve as a site visitor.

Submitted by:

Name (*print*) Signature Date

Reference Plans and Policies:

Site Visit Team Operational Guidelines
Conflict of Interest Policy