

**THE OHIO ASSOCIATION OF GERONTOLOGY AND EDUCATION, INC. (OAGE)**

**ANNUAL CONFLICTS OF INTEREST AND DISCLOSURE OF RELATED ACTIVITIES STATEMENT**

The Board of Trustees (“Board”) of the Ohio Association of Gerontology and Higher Education (OAGE) adopted a statement of policy regarding members of the Boards of the OAGE, members of the Subsidiary Boards, Officers and Executive staff (collectively “Interested Parties”) requiring disclosure of involvement in activities which may be related to those of the OAGE (or any subsidiary). The policy also is intended to minimize situations involving actual and potential conflicts of interest between Interested Parties and the OAGE. Conflicts of interest may exist in the instances where an Interested Party is providing services in a fiduciary capacity to a competitor or contractor of the OAGE (or any subsidiary) where the action of activities of the Interested Party may (a) have an adverse impact on the OAGE’s (or any subsidiary) interest, (b) result in personal gain or advantage of the Interested Party at the expense of the OAGE (or any subsidiary), or (c) result in the obtaining by a competitor of the OAGE (or any subsidiary) of an improper gain or advantage.

The questions set forth below have been prepared for the purpose of helping the OAGE (or any subsidiary) identify matters which might create, or be thought to create, conflicts of interest for Interested Parties in carrying out their fiduciary responsibilities to the OAGE (or any subsidiary). Please read each question carefully prior to responding. In addition to responding to the questions, please feel free to attach a separate sheet or sheets of paper with a discussion of any situation or situations other than those covered by the questions that you believe may constitute or result in potential or actual conflicts of interest between you and the OAGE (or any subsidiary).

**1. OUTSIDE INTERESTS**

To the best of your knowledge, do you or any member of your immediate family have a financial interest or any other relationship, direct or indirect (including serving as an officer or board member) but excluding investments, in any entity which supplies goods or services to the OAGE (or any subsidiary) or to which the OAGE (or any subsidiary) sells goods or services (excluding individual home care recipients)?

NO

YES, please explain:


**2. BOARDS AND OFFICERS OF HEALTH CARE ORGANIZATIONS**

Do you hold a position as a Board member or officer of any other health care organization providing health related goods or services within the OAGE (or any subsidiary) service area? If your answer to this question is “yes,” please supply us with the name of such organization and the position you hold.

NO

YES, please explain:


3. OTHER OUTSIDE ACTIVITIES

To the best of your knowledge, do you or any member of your immediate family have any relationship which is directive, managerial or consultative with any entity or person which does business with the OAGE (or any subsidiary) or which competes with the OAGE (or any subsidiary)? If your answer to this question is "yes," please supply us with the name of each entity or person and its relationship to you.

NO

YES, please explain:


4. INVESTMENTS

To the best of your knowledge, do you or any member of your immediate family have any investments in any entity which either provides goods or services or competes with the OAGE (or any subsidiary) which investments either (1) represent a material financial interest to you, or (2) provide you with the opportunity to influence the management of the entity? If your answer is "yes," please supply us with the name of each such entity.

NO

YES, please explain:


5. OTHER

List any other activities in which you or your immediate family are engaged that might be regarded as constituting a conflict of interest, which have not otherwise been stated in the Questionnaire.


I hereby certify that neither I nor any member of my immediate family has accepted gifts, gratuities, or entertainment which might influence my judgment or actions concerning the business of the OAGE (or any subsidiary). I further agree to report to the Board of Trustees and President of the OAGE (or any subsidiary) any further situation which may develop that might constitute a conflict of interest so long as I am affiliated with the OAGE (or any subsidiary).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date