In accordance with the Standards of Conduct (Policy 12.1) and Conflict of Interest Policy (Policy 12.2 Section B) adopted by the Executive Board, it is required for your position with the Philippine Nurses Association of America, Inc. as *(check/select name of office - The boxes below are selectable/clickable).*

[ ] President Elect (To sit as PNAA President for 2024-2026)

[ ] Vice President for Eastern Region

[ ] Vice President for Western Region

[ ] Vice President for North Central Region

[ ] Vice President for South Central Region

[ ] Secretary

[ ] Treasurer

[ ] Auditor

[ ] Board Member (up to 5 Board Members)

that you complete this disclosure statement. This disclosure statement is confidential and will be available only to the Nomination and Election Committee (NOMELEC) and to the PNAA Executive Board upon request.

Disclosure Statements by the candidates who will be elected and sworn in as members of the PNAA Executive Board will be handed to the PNAA Ethics Committee Chairperson and will be kept on file for four (4) years.

I, hereby, declare that I do not have any conflict of interest or potential conflict of interest to disclose as delineated in the “PNAA Standards of Conduct” Policy and Procedure 12.2 Section B. I will update this disclosure whenever a potential or real conflict arises.

Printed Name

Signature

Date

I understand the Standards of Conduct and Conflict of Interest Policy and hereby **disclose the following as conflict of interest or potential conflicts of interest**.

*Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest (as defined in PNAA’s Policy on Conflicts of Interest) arising.*

**Disclosure Form Part I:**

Please list below the groups and organizations you/spouse/parent/child are involved with as a board member, volunteer, staff person, or consultant. In general, affiliations or interests should be disclosed as part of organization’s decision‐making process whenever there is any doubt about whether disclosure is required.

Name of Organization and Level of Involvement (officer, board member, volunteer, staff Person or consultant)

|  |  |
| --- | --- |
| **Organization** | **Position (Level of Involvement)** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Other Disclosures** |
|  |

Printed Name

Signature

Date

**Conflict of Interest Statement**

The Philippine Nurses Association of America, Inc. (PNAA) is committed to integrity and fairness in the conduct of all of its activities. Inevitably, the interests of the Board/Staff/Volunteers will involve them in organizations, causes, and other endeavors that intersect with the affairs of PNAA.

This conflict of interest statement is intended to give guidance on disclosure of conflicts. This conflict of interest statement applies to all persons holding positions of responsibility and trust on behalf of PNAA, including, but not limited to, members of the Executive Board, committee chairs, members, volunteers, and/or consultants. Individuals worthy of affiliation with PNAA will govern themselves by the spirit of this statement.

* Each Executive Board/Staff/Volunteer/Consultant has the duty to place the interest of PNAA foremost in any dealings on behalf of the organization. This accountability supersedes any conflicting loyalty to business interests, personal interests, or paid or volunteer service to other organizations.
* No Executive Board/Staff/Volunteer/Consultant will derive any personal profit or gain, directly or indirectly, by reason of his or her service to PNAA.
* The conduct of personal business between any Board/Staff/Volunteer/Consultant and the organization is prohibited (no self‐dealing).
* Executive Board/Staff/Volunteers/Consultants may not obtain for themselves, their relatives, or their friends a material interest of any kind from their association with PNAA.
* If an Executive Board/Staff/Volunteer/Consultant has an interest in a proposed transaction with the organization in the form of a significant personal financial interest in the transaction or in any organization involved in the transaction or holds a position as trustee, director, or officer in any such organization, he or she must make full disclosure of such interest before any discussion or negotiation of the transaction and abstain from decision‐taking actions. With disclosure to other participants, the work of PNAA is furthered by the willingness of conflicted persons to share information bearing upon the matter under consideration.
* No Executive Board/Staff/Volunteer/Consultant may accept any payment or article of value from a grantee, potential grantee, or supplier, except nominal hospitality such as meals or token recognitions. In general, executive board members and staff should make every effort to decline to accept gifts on behalf of PNAA, but in cases where it could be considered ungracious to decline, the organization's representative should make clear that the gift is being accepted on behalf of, and will be given to benefit the members and the organization in general.
* If a conflict or the potential appearance of a conflict exists, the Executive Board members must recuse themselves by not influencing, attempting to influence, or participating in that discussion and/or vote.

**Disclosure Form Part II:**

|  |
| --- |
| **Conflicts of Interest Statement** |
| **Name** |  |
| **Position**(e.g., employee, volunteer, director, etc.) |  |
| **Date** |  |

**Certification**

By signing this form below, I certify that:

1. I have received a copy of the organization's conflicts of interest statement;
2. I have read and understand PNAA's Ethics policy and interest statement;
3. I agree to comply with the statement;
4. I agree to report promptly any changes in the information reported on this form or any new information relevant to a conflict of interest; and
5. I understand that the organization is tax-exempt. To maintain its federal tax exemption, it must engage primarily in activities that accomplish one or more of its exempt purposes and not engage in activities and transactions that provide impermissible benefits to individuals or entities.

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 PNAA that is currently in effect.

Printed Name

Signature

Date