**National Institute for Health Specialties**

**Conflict of Interest Disclosure form**

|  |
| --- |
| **GENERAL INSTRUCTION** |
| **Before you begin:** |
| 1. You must read NIHS Conflict of Interest Policy 2. Submit the signed form to NIHS Accreditation Unit |
| **NIHS CONFLICT OF INTEREST POLICY FOR REGISTERED ACCREDITATION SURVEYORS** |
| **Terms and conditions:** |
| * Accreditation Surveyors registered by NIHS are not allowed to participate in a work or activity that competes with the NIHS role in the UAE. * Accreditation Surveyors registered by NIHS are not allowed to undertake any private or direct transactions with NIHS clients related to institutional and program accreditation process without prior approval from NIHS. * Accreditation Surveyors registered by NIHS must refrain from disclosing information related to the assessment results to the concerned entities. * Accreditation Surveyors registered by NIHS must refrain from disclosing any public or private information related to any transaction that take place through NIHS, or use any of that information to achieve personal gain or interests. * Accreditation Surveyors registered by NIHS should not evaluate the entity in which he or she works. In addition, should inform NIHS in advance in case of any conflict of interest (board membership, advisory role, etc.) with any party for which NIHS wishes to conduct an evaluation. * Accreditation Surveyors registered by NIHS must refrain from accepting gifts from parties dealing with NIHS that would lead to wasting or harming NIHS’s interests. * Accreditation surveyors registered by NIHS must declare any form of conflict of interest that relates to a family member (financial or not) in relation to instances of work undertaken. |
| **SIGNATURE OF APPLICANT** |

|  |  |
| --- | --- |
| **Declaration by the Accreditation Surveyors** | |
| I acknowledged that I have read and understood the National Institute for Heath Specialties’ conflict of interest policy. Accordingly, I agree, abide by and acknowledge by all terms mentioned in this policy. | |
| Name | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Signature |  |
| Date | Click or tap here to enter text. |