

Wisconsin Homecare Organization
Individual Certificate on Conflict of Interest

The undersigned hereby acknowledges that he or she has received and read the WHO Statement of Policy on Conflict of Interest adopted by the WHO Board of Directors on April 16, 1996, and reports that no situation, activity or investment in which he or she is now involved places or could be construed as placing him or her in a position of conflict of interest with WHO or any of its functions, activities, operations, interests or affiliates, except possibly the following:

Any future situation, activity or investment concerning which a possible conflict of interest might arise will be reported by me promptly to the president.

(Please sign your name)

(Please print your name)

(WHO position)

(date)