

**CONFLICT OF INTEREST STATEMENT**

As a certified Long-Term Care (LTC) Ombudsman, I understand that I am a representative of the Office of the State Long-Term Care Ombudsman (OSLTCO). I also understand the importance of my role as an advocate in serving frail and vulnerable residents in LTC facilities. Therefore, I attest that no perceived or actual conflict of interest exists that would interfere with my ability to advocate on behalf of LTC residents.

I understand that a conflict of interest includes, but is not limited to the following:

- 1) involvement in the licensing or certification of a LTC facility or provision of a LTC service, including solicitation of employment by myself or a member of my immediate family;
- 2) ownership or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed LTC facility or LTC service by myself or a member of my immediate family.
- 3) employment or solicitation of employment of myself or a member of my immediate family by a LTC facility; participation in the management of a LTC facility by myself or a member of my immediate family;
- 4) receipt of remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a LTC facility by myself or a member of my immediate family;
- 5) accepting any gifts or gratuities, including meals, from a LTC facility or resident or resident representative or being named as the beneficiary of an estate, will, or trust of resident, or resident representative;
- 6) accepting money or any other consideration from anyone other than the provider agency or other entity designated by the OSLTCO for the performance of an act in the regular course of LTC ombudsman duties;
- 7) provision of services with conflicting responsibilities while serving as a LTC Ombudsman, such as adult protective services; discharge planning; serving as guardian, agent under power of attorney or other surrogate decision-maker for LTC residents in the service area;
- 8) participation in pre-admission screening or case management for LTC residents;
- 9) serving residents of a facility in which an immediate family member resides; or
- 10) participation in activities which negatively impact my ability to serve residents, or are likely to create a perception that my interest is other than as a resident advocate.

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 Signature

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 Date