

Conflict of Interest Verification (Annual)

We, the undersigned entity, hereby testify that our Organization's Conflict of Interest Acknowledgement and Policy adopted by the Board of Directors/Trustees or other governing body, is on file with the North Carolina Department of Health and Human Services (DHHS). If any changes are made to the Conflict of Interest Policy, we will submit a new Conflict of Interest Acknowledgment and Policy to the Department (DHHS).

_____ Name of Organization	
_____ Contractor's Authorized Agent	_____ Date
_____ Printed Name of Contractor's Authorized Agent	_____ Title
_____ Signature of Witness	_____ Date
_____ Printed Name of Witness	_____ Title