

**UW School of Medicine and Public Health**

**CONFLICT OF INTEREST AGREEMENT FOR SMPH  
STUDENT RELATED COMMITTEE MEMBERS**

I, \_\_\_\_\_, agree to abide by the conflict of interest policy adopted by SMPH titled "Conflict of Interest in Student Related SMPH Committees," with respect to any and all student or admissions related SMPH committees of which I am a member.

I agree that I will be deemed to have a Conflict of Interest with respect to a student under discussion if I have an Academic, Personal, or Professional Relationship with that student, as defined in the policy.

I agree that I will make prompt and full disclosure, to the extent appropriate, to the committee chair when a Conflict of Interest exists or may exist. If I have a current or past association with a student other than those enumerated in the policy which may nevertheless constitute a Conflict of Interest, I will inform the committee chair and disclose the nature of the association. Disclosure of a Conflict of Interest shall be made prior to the committee discussing the matter or taking action with respect to the student.

I agree that I will abstain from decisions regarding the matter if a Conflict of Interest exists or appears to exist, and further agree to refrain from any action with reference to the matter that would have any adverse impact on the committee.

I understand that information directly relating to a student may be protected as confidential by the Family Educational Rights and Privacy Act (FERPA) and that SMPH seeks to protect student privacy to the greatest extent possible. I therefore agree that I will not disclose the names or details of any student related matter reviewed or discussed by the committee and will refer any requests for such information to the office of the Senior Associate Dean for Academic Affairs.

**Signature:** \_\_\_\_\_

**Print**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_