

Conflict of Interest Disclosure Statement

Employee: _____ Date: _____

List any employment outside of **ABC PHARMACY**.

NAME OF COMPANY: _____

FREQUENCY AN HOURS WORKED: _____

NATURE OF WORK: _____

DATE OF HIRE: _____

Do you feel any conflict between **ABC Pharmacy** and your other employment?

___ YES ___ NO. Please explain: _____

List all organizations or associations that you belong to:

The above statements are true and represent a full disclosure of my professional activities.

EMPLOYEE

SIGNATURE: _____