

**NYU MEDICAL CENTER**

***CONFLICT OF INTEREST GENERAL DISCLOSURE STATEMENT***

I, \_\_\_\_\_ hereby acknowledge that I have been provided a copy of the *NYU Medical Center Policy on Conflict of Interest* and I have read, understand and will comply with the requirements of this policy. I affirm that, to the best of my knowledge and belief, I am involved in no activity and have no outside interest that conflicts or suggests a possible conflict my with responsibilities to the NYU Medical Center except, pursuant to the Policy, as described below:

*Instructions: In the space below, please disclose the names of all organizations in which you or members of your immediate family may have a leadership (director, officer or executive position) or an ownership interest. In each case, specify the nature of the interest and, as necessary, the relationship to you of the individual, organization or entity having the interest. Attach additional sheets as necessary.\**

I. Leadership Interests – I, or a member of my immediate family serve(s) as a director, officer or in an executive position of the following organizations:

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II. Ownership Interests – I, or a member or my immediate family have (has) a partnership or other ownership interest of more than 5% in the following organizations:

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III. Other Interests or Relationships – I, or a member of my immediate family have (has) a relationship with another organization that may result in a conflict of interest, as follows: (Examples include consulting, royalty, marketing or other arrangements with current or potential Medical Center vendors.)

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Please sign and date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPENDIX A**

\* Please submit original by mail to Thomas M. Feuerstein, Vice President, Audit & Compliance, 3 Park Avenue – 15<sup>th</sup> Floor, New York, NY 10016-5902 or by Fax to (212) 404-4095