Maryland
LONG TERM CARE
OMBUDSMAN PROGRAM
Protecting the rights of residents

CONFLICT OF INTEREST REVIEW

I acknowledge that as a long term care ombudsman representative, I must disclose any potential conflicts of interest that may require review by staff members of the Maryland Long Term Care Ombudsman Program. I also acknowledge that this review could adversely affect the acceptance, placement, or participation as a volunteer within the program. (*Additional information can be written on the back.)*

Statement of Business Relationship with Long Term Care Providers

I, or members of my immediate family (parent, sibling, child, partner), now have or had a business relationship with the following long term care providers within the past five years. A business relationship is established through employment or ownership. If the answer is "none", please write that in the space below.

Relationship (applicant, parent, sibling, child, partner)	Provider Name/Location	Dates of Employment/ Ownership
_____	_____	_____
_____	_____	_____

Statement of Investment Relationship with Long Term Care Providers

I, or members of my immediate family, now have or had funds invested with the following investment companies or corporations that have a financial interest in one or more long term care facilities within the past five years. Mutual funds that include divested interest in a portfolio do not have to be listed. If the answer is "none", please write that in the space below:

Relationship (applicant, parent, sibling, child, partner)	Name of Investment Company/Corporation	Facility(s) Supported by this Investor
_____	_____	_____
_____	_____	_____

Statement of Personal Relationship with Long Term Care Providers

The following members of my family have been or are residents of a long term care facility:

Relationship (parent, sibling, child, grandparent, partner)	Facility Location/Corporate Owner	Dates of Stay
_____	_____	_____
_____	_____	_____

By signature, I am indicating that I have provided full disclosure regarding the categories specified above and acknowledge that I must notify the ombudsman program if my personal circumstances indicate any perceived conflict of interest at the present or in a future time.

_____	_____	_____
Print Name	Date	Signature of Volunteer Ombudsman

Please check if additional information has been written on the back: _____