

**CONFLICT OF INTEREST STATEMENT**

---

**NAME:** \_\_\_\_\_ **T#:** \_\_\_\_\_**DEPARTMENT:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

I have read the University of Arkansas at Little Rock (UA Little Rock) Conflict of Interest Policy and recognize that as an employee of UA Little Rock I occupy a position of trust with respect to the institution and have an obligation to discharge my duties with good faith, diligence, fidelity and loyalty - including the duty to disclose any actual or potential conflict of interest.

As required by UA Little Rock, I hereby attest that, to my knowledge, there does not now exist any conflict between my own interests and those of UA Little Rock, that I shall report to the University any instance of a conflict or apparent conflict that may arise between my own interests and those of the University, and that I will never knowingly harm the interests of UA Little Rock given my good faith understanding of those interests.

I will notify the University of Arkansas at Little Rock in writing of any changes in or additions to the information disclosed above.

Further, I HEREBY CERTIFY that I have read the University's Conflict of Interest Policy and understand my obligations to comply with it.

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

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