



PQA Conflict of Interest Disclosure Form

Please attest to applicable conditions by checking boxes below

PQA Participation Requirement: Provider does not have a conflict of interest with Portneuf Medical Center or PQA*

Conflict of Interest is defined as: (1) any contractual, employment, or financial relationship with a non-affiliated hospital and/or other health care organization that competes against Portneuf Medical Center (PMC) or Patient Quality Alliance (PQA); (2) service in position of medical direction leadership with a non-affiliated hospital and/or other health care organization that competes against Portneuf Medical Center (PMC) or Patient Quality Alliance (PQA); and/or (3) compensation arrangement from a third party vendor in exchange for promotion or sponsorship of that vendor’s products or services

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

- I have no conflict of interest to report
- I have the following conflict of interest(s) to report
 - o Please specify any nonprofit and for-profit boards you sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____
2. _____
3. _____
4. _____
5. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature of PQA Applicant

Date

* Note: If an applicant discloses a potential conflict of interest, they may still be considered for PQA Participation under the following circumstances:

- 1) If services are provided to a rural community that the community would not receive otherwise
- 2) If they provide a specialty service that is not currently part of the PQA Clinically Integrated Network and/or if specialty service is needed for network adequacy