

IBLCE CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE

This Conflict of Interest Disclosure Questionnaire should be filled out and signed after reading the "IBLCE Conflict of Interest Policy", amended June 8, 2017.

Therefore, as a volunteer of IBLCE, I recognize that I owe fiduciary duties of care and loyalty to IBLCE and that one aspect of fulfilling those duties is to avoid conflicts of interest and the appearance of conflicts. Therefore, I am disclosing below all relevant and material facts and situations or areas in which it might even appear that I have conflicting duties to other entities. I invite any further review by IBLCE of any aspects of these situations or areas that might be considered appropriate. Also, if it is deemed appropriate, I will take other steps, such as avoiding part or all of the deliberation and voting on certain issues, if deemed appropriate by the Board.

THIS DISCLOSURE RELATES TO THE TIME PERIOD EXTENDING FROM _____ THROUGH _____:

This questionnaire relates to "**Members of IBLCE**" and "**affiliated persons**".

Name _____
(please print)

My Relationship to IBLCE is (check all that apply):

Board Director

Committee Member (if not a Director)

Staff Member

Contractor

Other, specify: _____

- 1. Are you or any of your affiliated persons a member of any organizations with similar interests as IBLCE? Yes No

If yes, please list them here, including your/their position/role and identify any such person(s) and their relationship to you:

2. Do you or any of your affiliated persons have a financial interest that may be affected financially (either positively or adversely), directly or indirectly, not including compensation, as the result of IBLCE procedures, policies, resolutions, purchases (of services, materials or supplies), other IBLCE action, or deliberate inaction by IBLCE?
- Yes No

If yes, please describe all such financial interest(s), and identify the person(s) who hold them and their relationship to you:

3. Do you or any of your affiliated persons have a professional interest that may be affected professionally (either positively or adversely), directly or indirectly, as the result of IBLCE procedures, policies, resolutions, purchases (of services, materials or supplies), other IBLCE action, or deliberate inaction by IBLCE? Yes No

If yes, please describe all such professional interest(s) and identify the person(s) who hold them and their relationship to you:

4. Are you or any of your affiliated persons teaching lactation classes/courses preparing candidates for the IBLCE examination or speaking at lactation conferences?
- Yes No

If yes, please describe the class/course/conference(s) and identify the person(s) teaching them and their relationship to you:

5. Are you or any of your affiliated persons writing/developing any educational materials including those purporting to prepare persons to successfully pass the IBLCE certification examination or process? Yes No

If yes, please describe all such material(s) and identify the person(s) writing or developing them and their relationship to you:

6. Are you or any of your affiliated persons mentoring a Pathway 3 candidate for the IBCLC certification exam? Yes No

If yes, please describe all such role(s) and identify the person(s) involved and their relationship to you:

7. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving IBLCE? Yes No

If yes, please describe all such proceeding(s) and identify the person(s) involved and their relationship to you:

8. Are you or any of your affiliated persons aware of any potential conflicts of interest in the next 12 months? Yes No

If yes, please describe the future potential conflict(s) and identify the person(s) involved and their relationship to you:

9. Are you aware of any other events, transactions, arrangements, or other situations that you believe ought to be disclosed the Audit Committee in accordance with the terms and intent of the IBLCE Conflict of Interest Policy? Yes No

If yes, please describe all such situation(s) and identify the person(s) involved and their relationship to you:

I HERBY CONFIRM that I have read and understand the IBLCE Conflict of Interest Policy and that my responses to the above questions are complete and accurate to the best of my knowledge and belief. I understand and agree that it is my responsibility to promptly

inform IBLCE of any change that develops in the information contained in the foregoing statement. (Please provide information to the Executive Director).

Signature

Date