



**CONFLICT OF INTEREST REVIEW**

All long-term care ombudsman representatives must disclose any current, past, or any potential conflicts of interest that may require review by the Maryland Long-Term Care Ombudsman Program. Please carefully respond to the following questions in regards to yourself and immediate family members.<sup>1</sup>

**1) Statement of Business Relationships with Long-Term Care Providers**

Have you or an immediate family member had a business relationship with a long-term care provider including current or past employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Type of Relationship/Your Role	Provider(s) Name & Location	Start Date – End Date

**2) Statement of Investment Relationship with Long-Term Care Providers**

Have you or an immediate family member had funds invested with investment companies or corporations that have a financial interest in one or more long-term care facilities? Do you have current investments? Mutual funds that include divested interest in a portfolio do not have to be listed.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Type of Relationship/Your Role	Investment Company/Corporation Name and Facility	Dates

**3) Statement of Personal Relationship with Long-Term Care Providers**

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<sup>1</sup>Immediate family, pertaining to conflicts of interest as used in section 712 of the Older Americans Act (OAA), means a member of the household or a relative with whom there is a close personal or significant financial relationship.

Have you or an immediate family member been a resident of a long-term care facility or CCRC?  
 Are you or your immediate family member currently a resident of a long-term care facility or CCRC?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Type of Relationship/Your Role	Facility Name & Location	Dates of Stay

**4) Statement of Other Professional Roles within the Host Agency, State or Federal Government, or Long-Term Care Facilities including Case Management Services**

Do you or an immediate family member have other professional roles within the host agency, federal or state government or long-term care facilities? These roles could include employment other than ombudsman work, serving on a governing or advisory board, serving on ethics committees, volunteering for another program, managing programs other than ombudsman programs, etc. Please explain in the space provided.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Type of Relationship/Your Role	Agency/Entity/Site	Dates

**5) Statement of Work as a Guardian, Conservator, Power of Attorney, or Surrogate Decision Maker**

Do you or an immediate family member act as a guardian, conservator, power of attorney, or surrogate decision maker for a long-term care resident?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Type of Relationship/Your Role	Name of Individual Served	Facility

**6) Statement of Direct Involvement in the Licensing or Certification of a Long-Term Care Facility**

Are you or an immediate family member directly involved in the licensing or certification of a long-term care facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

Type of Relationship/Your Role	Facility Name & Location	Start Date – End Date

If you would like to provide additional information or if there are any other potential conflicts of interest, please add this below:

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I acknowledge that this review could adversely affect my acceptance, placement, or participation within the program. I understand that failure to identify, remedy, and remove a conflict of interest will result in refusal or termination of my ombudsman designation.

I have read and understand this Conflict of Interest form.

By signature, I am indicating that I provided full disclosure regarding the categories specified on this form, and acknowledge that I must notify the Maryland Long-Term Care Ombudsman Program if my personal circumstances indicate any perceived conflict of interest at this present or in a future time.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)