

Attachment E
Conflict of Interest Verification (Annual)

We, the undersigned entity, hereby testify that our Organization’s Conflict of Interest Acknowledgement and Policy adopted by the Board of Directors/Trustees or other governing body, is on file with the North Carolina Department of Health and Human Services (NCDHHS). If any changes are made to the Conflict of Interest Policy, we will submit a new Conflict of Interest Acknowledgment and Policy to the Department (NCDHHS).

Name of Organization

Signature of Organization’s Authorized Agent

Date

Printed Name of Organization’s Authorized Agent

Title

Signature of Witness

Date

Printed Name of Witness

Title