



PHILIPPINE NURSES ASSOCIATION OF SOUTHERN CALIFORNIA

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CONFLICT OF INTEREST DISCLOSURE STATEMENT

I _____, hereby declare that I do not have any conflict of interest or potential conflict of interest to disclose. I will update this disclosure statement annually or whenever a potential or real conflict arises.

Date

Candidate's signature

I hereby disclose the following as conflict of interest or potential conflicts of interest:
(Use additional sheets if necessary)

Date

Candidate's signature

NOTE: The NOMELEC will strive to maintain confidentiality of sensitive information disclosed by the candidate. All information provided will only be used for official review of candidate's eligibility for the office being sought.

Do not write on this box. (For Official Use Only)

On further review of the contents of this disclosure, the applicant is deemed

- Eligible to run for office
- Ineligible to run for office

Date

Chairperson, NOMELEC

This form must be submitted with the original official Nomination Form.