



Wisconsin EMS Association Foundation Annual Conflict of Interest Certification

I have read and agree to abide by the Wisconsin EMS Association Foundation's Conflict of Interest Policy. To the best of my knowledge, as of today's date, I have no actual or potential conflicts as described in this policy.

Board Member

Date

--- OR ---

I have read and agree to abide by the Wisconsin EMS Association Foundation's Conflict of Interest Policy. To the best of my knowledge, I have no actual or potential conflicts as described in this Policy, except those disclosed below, or attached hereto.

Board Member

Date

Disclosure:
