



# Conflict of Interest & Statement of Ethics Certification and Disclosure

I, \_\_\_\_\_ certify that I have read and understand the Conflict of Interest Policy of Promesa Behavioral Health and agree to uphold the policy.

**Disclosure of Current or Potential Conflicts:**

I affirm that, except as listed below, I have not financial interest or affiliation with any organization that may have interest that conflict with, or appear to conflict with, the best interests of Promesa Behavioral Health.

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Should such conflicts or apparent conflicts or interest arise in connection with my responsibilities, I agree to:

- a. Discuss the conflict with the President of the Board, the Executive Director, or with the chairperson of the Audit Committee, as may be applicable, and
- b. Until management mitigates or otherwise resolves the conflict, refrain from participating in any discussions, deliberations, decisions, or voting related to the conflict of interest.

**Future Conflicts:**

I also agree, during the term of my employment or volunteer status with Promesa Behavioral Health, to report promptly to the appropriate person, as applicable, any future situation that involves, or might appear to involve, me in any conflict between my outside interests and the best interests of Promesa Behavioral Health.

**Statement of Ethics:**

I also certify that I have read Promesa Behavioral Health’s Statement of Ethics.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date