



Serving Those Who Have Served™

Food and Drug Administration Alumni Association
Conflict of Interest Statement

NAME: _____ POSITION: _____

I acknowledge receiving the Conflict of Interest Policy and recognize that, as a director or officer of the Food and Drug Administration Alumni Association (the "Association"), I occupy a position of trust and responsibility with respect to the Association and that I have an obligation to discharge my duties with good faith, diligence, fidelity, and loyalty, including the duty to disclose any potential or actual conflict of interest to the Association.

I certify that I have read Association's Conflict of Interest Policy and understand my obligations to comply with it.

As required by Association's Conflict of Interest Policy, I hereby certify that: (a) to my knowledge and except as provided in any Conflict of Interest Disclosure Statement previously provided to the Association or provided with this Conflict of Interest Statement, there does not now exist any potential or actual conflict between my own (or my family's) personal or financial interests and those of the Association and I have no family or business relationship with any other director or officer of the Association; and (b) I agree to report promptly to the Association any instance of a conflict or apparent conflict that may arise between my own (or my family's) interests and those of the Association.

____ {Check if applicable.} I have attached a Disclosure Statement, in which I am providing information regarding an existing or potential conflict of interest or a family or business relationship not previously disclosed to the Association in a Disclosure Statement.

I agree to notify the Association promptly in writing of any changes in, or additions to, the information disclosed above.

Signature: _____ Date: _____

Approved by the FDAAA Board of Directors: October 15, 2009