



### Conflict of Interest Disclosure Form

This Conflict of Interest Disclosure Form incorporates the terms of the following agreement:

**Agreement:** Agreement for ASTM Approved Training Provider Program

**Agreement Effective Date:** [FILL IN EFFECTIVE DATE]

**Parties to the Agreement:** ASTM International and [PROVIDER NAME IN THE AGREEMENT]

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the Provider’s other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This Conflict of Interest Form should indicate whether the Provider has an economic interest in, or acts as an officer or a director of, any outside entity whose interests would reasonably appear to be affected by the addition of the Provider to the ASTM Approved Training Provider Program.

The Provider should also disclose any personal, business, or volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant Federally and organizationally established regulations and guidelines in personal conflicts must be abided by.

The Provider should also disclose any proprietary interest in products, instruments, devices, services or materials discussed, as well as the source of any compensation related to the course(s).

Date: Click or tap here to enter text.

Provider: Click or tap here to enter text.

Position: Click or tap here to enter text.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

I have no conflict of interest to report.

I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. Click or tap here to enter text.



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2. Click or tap here to enter text.

3. Click or tap here to enter text.

Please disclose any proprietary interest in products, instruments, devices, services or materials discussed, as well as the source of any compensation related to the course(s).

I have no proprietary interest(s) to report.

I have the following proprietary interest(s) to report.

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: Click or tap here to enter text.

Name:

Date: Click or tap to enter a date.