



## Conflict of Interest

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### I. Definition

- A. A conflict of interest is any external action and/or tie that may bias, or may appear to bias, a person's judgment in performing a leadership role in PSLA.

### II. Scope

The awareness of any actual, potential, or perceived conflict of interest is a continuing obligation of all members of PSLA who act as representatives and/or decision makers of the association. This awareness will preserve the credibility of the association and assure impartial decisions. Disclosure of any conflict is the responsibility of all members.

### III. Procedure

- A. A copy of this policy will be provided to each PSLA leaders, including but not limited to elected or appointed Board members, committee chair(s), other key stakeholders, and those officially representing PSLA, upon commencement of such person's term of service or relationship with PSLA.
- B. If questions arise, an opportunity for clarification will be arranged by the board of directors Board of Directors.
- C. Each PSLA leader shall sign and date a copy of the Conflict of Interest Statement and Acknowledgement at the beginning of his/her term of service and annually thereafter for the length of their involvement in PSLA. Failure to sign the statement does not nullify the policy. The Conflict of Interest Statement and Acknowledgement is included below.
- D. In the event, of a change in circumstance, each member is responsible for disclosing their conflict to the PSLA Board of Directors, and filing an amended Conflict of Interest Statement & Acknowledgement.
- E. Statements shall be maintained by the PSLA Secretary

Adopted, Board of Directors, October 29, 2016  
Amended, January 14, 2017; June 15, 2020

**PSLA Conflict of Interest Statement & Acknowledgment**

As a leader or representative of PSLA, I affirm that:

I will act in the best interest of PSLA regarding my fiduciary responsibility to the Association.

I will fully disclose any conflict of interest to the PSLA Board of Directors.

*If I am no longer employed in Pennsylvania, or discontinue membership in PSLA, I agree to resign from the Board.*

In the event of a conflict of interest, I will not discuss, vote, or otherwise be involved in consideration of the matter.

I agree not to take advantage of any corporate opportunity available to PSLA of which I become aware as a result of my position in the Association.

I agree to cooperate fully in the event of an investigation of a potential breach of this policy.

I, \_\_\_\_\_, have received and read the conflict of interest policy and understand it.

I have had the opportunity to ask questions. I agree to abide by this policy unless the activity in question has been approved by the PSLA Executive Committee. The PSLA Board will determine if the conflict of interest warrants a resignation. I agree to resign my position or cancel the activity that may cause an actual or perceived conflict of interest.

Signature: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_