TAOS HEALTH SYSTEMS, INC.

BOARD OF DIRECTORS APPLICATION

Application Deadline: April 7, 2017

CONTACT INFORMATION:

Name:	Date:	
Address:		
Home Phone:		
Business Phone:		
E-mail address (If available):		
EXPLAIN WHY YOU WANT TO BE ON THE TAOS HEALTH SYST	EMS BOARD OF DIRECTORS:	
EDUCATION/JOB EXPERIENCE:		
		_

LIST ANY OTHER MEMBERSHIPS ON OTHER COMM	IUNITY BOARDS AND CLUBS:	
REFERENCES Please list three personal references and should be from the local area)	d contact information. <i>(At least two</i>	of the references
Name:	Phone:	
Address:		
Name:	Phone:	
Address:		
Name:	Phone:	
Address:		

Please mail, e-mail or fax your CV and Conflict of Interest Disclosure Statement with your Board of Directors application to the following address:

Taos Health Systems

Attn: Lenora Cisneros 1397 Weimer Rd. Taos, NM 87571

lcisneros@taoshospital.org

Fax#: 575-751-5719



TAOS HEALTH SYSTEMS, INC.

CONFLICT OF INTEREST DISCLOSURE STATEMENT and CONFIDENTIALITY AGREEMENT

YEAR: __2017__

Na	me:
Pos	sition:
Do	s information applies to current activities and any activities anticipated during the next 12 months. Return this cument to the Compliance Office for review at least 30 days prior to expiration of current Conflict of Interest closure Statement and Confidentiality Agreement.
No	te: All bolded words are explained in the definition section. Please explain all YES answers.
Dis	SCLOSURE OF FINANCIAL INTEREST:
1.	Are you a partner or shareholder in any healthcare-related entity (including a medical practice)? If so, please identify all such entities . This does not include investment interests excluded in the definition of financia interests.
	YES NO
2.	Have you participated in or otherwise influenced the selection by TAOS HEALTH SYSTEMS of a contractor vendor, or supplier of goods or services in or from which you and any member of your immediate family had or received a financial interest ?
	YES NO
3.	Has any student, postdoctoral fellow or other trainee, officer, support staff or any other individual working for you or for an entity in which you exercise control received financial support from an entity in which you or any member of your immediate family have a financial interest ?
	YES NO



	NO
busines on con equipm	and your immediate family , have an Ownership Interest or investment interest in an entity which does with TAOS HEALTH SYSTEMS or which competes with TAOS HEALTH SYSTEMS? This includes serving imittees involved with evaluating, recommending or acquiring drugs, medical devices, supplies an ent when the individual or family member has ownership or investment interest in or received instantion.
YES	NO
individı Compe	(or members of your immediate family) have a compensation arrangement with any entity could with which TAOS HEALTH SYSTEMS? does business or competes with TAOS HEALTH SYSTEMS? Insation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature excess of \$500.00 in any calendar year).
YES	NO
potenti	(or members of your immediate family) have a potential ownership or investment interest, or al compensation arrangement with, any entity or individual with which TAOS HEALTH SYSTEMS iting or has negotiated a transaction or business arrangement?
potenti	al compensation arrangement with, any entity or individual with which TAOS HEALTH SYSTEMS i
potenti negotia YES	al compensation arrangement with, any entity or individual with which TAOS HEALTH SYSTEMS iting or has negotiated a transaction or business arrangement?

4. Have you taken any administrative action within TAOS HEALTH SYSTEMS which is likely to benefit an **entity** in



BORROWING:

1.	Borrowing money or anything of value from a patient, individual or entity which does business with TAOS HEALTH SYSTEMS may constitute a conflict of interest. List any borrowings which could constitute a conflict of interest.			
Gı	FTS:			
1.	Have you or your immediate family ever received any gift, entertainment, or other favors having an individual value of greater than one hundred dollars or an annual aggregate value of greater than five hundred dollars from any patient, individual or entity which does, or is seeking to do business with, or is a competitor of TAOS HEALTH SYSTEMS? (This does not include the acceptance of items of nominal or minor value, which are of such a nature as to indicate that they are merely tokens of respect or friendship and not related to any particular transaction of the organizations corporate activity).			
	YES NO			
PE	RSONAL INTERESTS: 1. Are any present employees of TAOS HEALTH SYSTEMS's organization related to you either by blood,			
	marriage/engagement or as a member of your household? YES NO ———————————————————————————————————			
2.	Have you ever used your position with TAOS HEALTH SYSTEMS to advance your personal financial position? YES NO			
3.	Have you ever used your position with TAOS HEALTH SYSTEMS to advance or protest a philosophical or political cause?			
	YES NO			
O 1	HER:			
I h	ereby disclose the following circumstances which may involve a possible conflict of interest.			



I fully understand the above provisions and have disclosed any potential conflicts of interest. I do not have direct knowledge of violations by others under my supervision that has not been disclosed. I fully intend to follow the standards set forth in all my employment and/or governance activities. Further, I agree to abide by the Code of Ethics as well as Fraud and Abuse reporting requirements. I understand that I am required to notify Lisa Clark, Compliance Officer, of any changes in any of the statuses outlined above as soon as practicable.

Print Name	Email Address		
Signature	 Date		

CONFLICT OF INTEREST DISCLOSURE STATEMENT AND CONFIDENTIALITY AGREEMENT

DEFINITIONS

<u>"Entity"</u> means any corporation, partnership, sole proprietorship, limited liability company, firm, franchise, association, organization, holding company, joint venture or joint stock company, receivership, business or real estate trust, or any other legal entity organized for profit.

A <u>"Financial interest"</u> is an interest in a Entity consisting of any stock, stock option or similar ownership interest in such Entity which if disclosed might appear to create a Conflict of Interest, but excluding any interest arising solely by reason of investment in such Entity by a mutual, pension or other institutional investment fund over which the person does not exercise control. It is also a payment of anything of monetary value in excess of one thousand dollars annually in the aggregate, including but not limited to, salary or other payments for services (e.g., consulting fees, stipends or honoraria).

<u>"Immediate family"</u> means a Responsible Person's spouse, children, parents, siblings or equivalents by marriage, or other individuals residing in the Responsible Person's household.

Reviewed: 7/15

