

Conflict of Interest Form

Commission Representative: a FEPAC employee, Commissioner, volunteer, consultant, or person acting in any capacity as the FEPAC’s designated representative.

Commission Representatives must conduct accreditation activities with integrity, act in FEPAC’s best interests, and disclose and address any actual or potential conflicts of interest. A conflict of interest arises when personal or financial relationships interfere—or appear to interfere—with the Commission’s interests or a Representative’s objectivity. Representatives must proactively identify situations that could raise concerns about professionalism and promptly report any real or potential conflicts to FEPAC’s Accreditation and Outreach Manager. (See FEPAC Policies and Procedures posted on [FEPAC’s Webpage](#))

Before any formal engagement by the Commission, all Commission Representatives shall file a Conflict-of-Interest Form (COI Form) with FEPAC’s Accreditation and Outreach Manager or designee for review.

INSTRUCTIONS: Complete the section below that corresponds to the role you will perform for the Commission.

Conflict-of-Interest Statement by the Commissioner:

I [redacted] have read and fully understand the FEPAC *Conflict-of-Interest and Disclosure policy*.

Except as noted in the table below, I know of no real or potential conflict of interest that would prevent me from participating in making any accreditation decision, and I believe that my participation in the decision-making process does not create any conflict of interest or the appearance of a conflict for me.

To the best of my knowledge, the institutions listed below constitute the only situations and circumstances that may be considered conflicts of interest or potential conflicts of interest for me, or may create the appearance of a conflict for me, and I agree to recuse myself from the Commission’s discussion of the forensic science programs offered by these institutions:

Institution:	
Institution:	
Institution:	
Institution:	

I agree to voluntarily disclose to FEPAC any additional situations or circumstances which, in my judgment, may be considered a conflict or potential conflict of interest, or may create the appearance of a conflict, as they arise.

Conflict-of-Interest Statement by the On-site Evaluator:

I [redacted] have read and fully understand the FEPAC *Conflict-of-Interest and Disclosure policy*.

Institution Name where the forensic science program is being reviewed for FEPAC accreditation:	
Date(s) of Site Visit:	

I confirm that, to the best of my knowledge, there is no conflict or potential conflict of interest that would preclude me from participating in the on-site evaluation of the forensic science program offered by the institution named above and/or rendering a fair and impartial judgment regarding the compliance of that program with the FEPAC standards for accreditation.

I further confirm that I am aware of no circumstances that would create the perception of a conflict of interest due to my participation in this on-site evaluation.

I agree to voluntarily disclose to FEPAC any additional situations or circumstances which, in my judgment, may be considered a conflict or potential conflict of interest, or may create the appearance of a conflict, as they arise.

Conflict-of-Interest Statement by the Program:

I [redacted] have read and fully understand the FEPAC *Conflict-of-Interest and Disclosure policy*.

Institution Name where the forensic science program is being reviewed for FEPAC accreditation:	
Purpose of Review:	<input type="checkbox"/> Application for FEPAC accreditation <input type="checkbox"/> Other: [redacted]
Date(s) of Site Visit:	
Accreditation Review Team:	Administrative Assessment Team members (2): [redacted] [redacted] On-Site Evaluation Team members (2): [redacted] [redacted]

I confirm that, to the best of my knowledge, there is no conflict or potential conflict of interest that would preclude me from participating in this on-site evaluation nor do I have a conflict or potential conflict with the Accreditation Review Team as named above.

I further confirm that I am aware of no circumstances that would create the perception of a conflict of interest due to my participation in this review.

I agree to voluntarily disclose to FEPAC any additional situations or circumstances which, in my judgment, may be considered a conflict or potential conflict of interest, or may create the appearance of a conflict, as they arise.

If filed electronically:

Checking this box and entering my full name and date below constitutes my legal signature on this form.

Full Name		Date	
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Revision History

Date Revised	Summary of Revisions	Approved By