



Advocates for the Elderly
First TN Area Agency on Aging & Disability
3211 North Roan St.
Johnson City, TN 37601
(423) 979-2599

POTENTIAL FOR CONFLICTS OF INTEREST

1. Do you or any member of your immediate family receive any financial remuneration or have any other financial interest in a long-term care facility?

No: _____ Yes: _____

If yes, please specify: _____

2. Do you have any other ties with long-term care providers which might “appear” to be a conflict of interest? No: _____ Yes: _____

If yes, please specify: _____

3. Are there any long-term care facilities in which any member of your household or other close associate of yours is now a resident? No: _____ Yes: _____

If yes, please specify: _____

4. Do you work for any agency that is in competition with a long-term care facility?

No: _____ Yes: _____

If yes, please specify: _____

5. Have you been employed by a long-term care facility in the past two years?

No: _____ Yes: _____

If yes, please specify where: _____

When? _____

6. Do you or any members of your household have a direct involvement in the licensing or certification of a long-term care facility or other providers of long-term care services? No: _____ Yes: _____

If yes, please explain: _____

Applicant

Date

(Please type in name and date if you are submitting this electronically)