



# Saskatchewan Society of Occupational Therapists

## Continuing Competency Program-Audit Conflict of Interest Declaration

Name of SSOT Member: \_\_\_\_\_

Please indicate (✓) if you are the:

SSOT Member being audited

SSOT Auditor

Name of the individual(s) with whom there is potential conflict of interest	Reason for Conflict (✓)	
	Work	Personal

Please provide the specifics of why there is a potential conflict of interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SSOT Registration Number: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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