MOORE COUNTY HOSPITAL DISTRICT
BOARD OF DIRECTORS

Conflict of Interest Policy
Statement of Affirmation

I, _____, as a Member of the Moore County Hospital District Board of Directors, or as a member of a related committee with Board-delegated powers, hereby affirm that:

A. I have received a copy of the Moore County Hospital District Board of Directors Conflict of Interest Policy;

B. I have read the policy and understand it fully and completely as presented; and

C. I agree to comply with said policy.

_____ _____
Signature Date