



CONFLICT OF INTEREST DECLARATION

To preserve the integrity of the Equine Care Assessment Program, all actions and processes must be conducted impartially and objectively. In accordance with this policy, this declaration form must be signed by every assessor prior to conducting their assessments. Conflict of interest, real or perceived, occurs when the assessor has:

- a) A familial or client relationship with the facility owner or manager
- b) A horse, or a family member's horse, being boarded, trained, or otherwise cared for by the facility
- c) Any financial interest in the facility, including ownership, or stands to benefit financially from the outcome of the certification process
- d) Been previously employed by the facility, or is seeking future employment opportunities there
- e) Any other interest that could jeopardize the impartiality of the assessment

Assessor are **prohibited** from assessing facilities that:

- a. They helped implement or deliver training to the facility within the past two years; and/or,
- b. That they own, have previous employment, have a family relationship with the owners or managers of the facility, or have any financial interest in.



FACILITY TO BE ASSESSED:

I _____ (Print First and Last Name), in my capacity as an assessor of the Equine Care Assessment Program declare:

Please select one of the following:

No conflict of interest

Beyond what I receive as payment for my services, I have no financial investment in the outcome of the assessment, whether it be directly monetary or services in-kind. If, at any point during the process, a conflict of interest does arise I will immediately report it to the Equine Care Assessment Program Coordinator.

Real or perceived conflict of interest

Please describe this conflict of interest below:

As an assessor for the Equine Care Assessment Program, I will take all steps necessary to mitigate the effects of my declared conflict of interest. I understand that by my declaration, the Equine Care Assessment Program Coordinator may determine my conflict of interest is a threat to my objectivity and may remove me from my current assignment.

Assessor Name:

Assessor Signature:

Date: