

**Memorial University School of Pharmacy Practice Experience Program
Relationship Disclosure Form**

Students and preceptors are responsible to disclose any situation where a relationship exists that may create potential bias or a conflict of interest (real, perceived or potential) in the placement environment.

The completed form must be submitted to the Pharmacy Practice Experience (PPE) Coordinator at the time a placement site is requested or assigned, as applicable.

1. Type of relationship:

___ Current or previous employment relationship

___ Close personal relationship

___ Business, financial, contractual relationship

___ Other relationship: Please specify _____

2. Describe the potential for impartiality to be undermined or conflict of interest situation:

Name: _____ Student # (if applicable): _____

Signature: _____ Date: _____

Recommendation: To be completed by PPE Coordinator

1. The circumstances present a (*real, perceived or potential*) conflict of interest: Yes No

2. The placement should be allowed: Yes No

3. Where the placement is allowed, the following recommendations are made in order to manage the situation appropriately:

Signature: _____ Date: _____