**VANDERBILT UNIVERSITY MEDICAL CENTER**

**INDEPENDENT CONTRACTOR / EXTERNAL CONSULTANT**

**CONFLICT OF INTEREST CERTIFICATION**

Name of Service Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Individual performing the service)* *(Please Print)*

Federal Tax ID Number or Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that this position was not used for financial gain beyond that received directly for this consulting service nor did the work performed on this project create an appearance of a conflict of interest for me or a member of my family or others with whom I have business or other ties.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Service Provider) Date