

Schedule A - Conflict of interest ("COI") attestation

Name of individual:		
WSIB program:	Scientific Advisory Table	e on Occupational Disease
Desired role:	Member	Chair
I hereby declare, th I am not av stated abo	ware of any actual, potenti	ial or perceived COI with respect to my participation in the WSIB Program
Described below are the actual, potential or perceived COI(s) arising as a result of my participation in the WSIB Program stated above.		
		COI, including the name of the third-party and a description of the nature of the e more space, please attach additional sheets to this declaration, as required.
Date	Third-party	
Nature and details	of the COI	



Examples of COIs may include, but are not limited to:

- When you exercise discretion and make recommendations to the WSIB that are motivated by self- interest or other improper purposes;
- When you transact with the WSIB directly or indirectly, or where your other business or other activities unrelated to your work at the WSIB may have an impact on your duties or recommendations to the WSIB;
- When you hold or have held a position, whether paid or unpaid, in a business, professional association or institution that is sponsoring research, or has an interest in its outcome, that is related to the work you are doing on behalf of the WSIB;
- When you have affiliations or financial interests (including employment or consulting) with regulated industries, the scientific community, special interest groups, or advisory boards that are likely to influence or detrimentally affect the exercise of your duties and responsibilities to the WSIB.