

NEOMED ACADEMIC POLICY	Policy No: 3349-AC-419
ACADEMIC POLICY TITLE: COM - Conflicts of Interest - Admission	EFFECTIVE DATE: 11/01/2018 REVISED: 5/16/2023 (update: 7/11/2023)
RESPONSIBLE DEPARTMENT: Academic Affairs, College of Medicine	Approval Authority: Dean, College of Medicine Responsible Office: Office of the Dean and Medical Education, College of Medicine

Attachment 1



Attestation Regarding Conflicts of Interest – Admissions

The Liaison Committee on Medical Education (LCME) which accredits medical education programs requires that NEOMED ensures that there are no conflicts of interest in the admission process and that no admission decisions are influenced by political or financial factors. Conflicts of interest with an applicant for admission, as defined in the COM Conflicts of Interest - Admission Policy (3349-AC-419), include, but are not necessarily limited to, the following:

- Health care relationship: those who provide any health services, including psychiatric/psychological counseling;
- Familial relationship: parent, sibling, spouse, grandparent, aunt or uncle, or cousin, including in-law and step relationships;
- Close personal and/or professional relationship: significant other/fiancé, godparent, friend, employer, mentor; or
- External influence: Having been contacted about a candidate from someone external to the admissions process who wishes to influence the process in favor of a particular candidate.

Your role (Admission Committee Member/Interviewer) in the admission process dictates that you will have direct input into an admission decision/candidate score. Please review the list to determine and report potential conflicts of interest.

Academic year: **2023-2024**

Please check (or double click) the box(es) that corresponds best regarding potential conflicts of interest, sign and date the form and return it by the date indicated.

I attest that I have no conflicts of interest regarding the admission decision of the applicant(s) in the current cycle.

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I have a conflict of interest regarding the interview of the applicant(s) listed below, and they should be assigned to another interviewer.
Please list applicant(s):

I have a conflict of interest regarding the admission decision of the applicant(s) listed below. Because it is not possible to assign them to another Admissions Committee, I will recuse myself from the Admission Committee for discussion and decisions affecting 2024 M-1 matriculation.

Faculty name: _____

Faculty signature: _____ Date: _____

Return completed form by **August 17th** to: Jill Thompson, M.Ed.
Assistant Director of Admissions
Northeast Ohio Medical University
jthompson@neomed.edu Fax:330.325.5905