

CONFLICT OF INTEREST DECLARATION
RD Preceptor – Independent Practicum

This form is to be completed by the RD Preceptor and returned to the Student's Practicum Advisor

Preceptor's Name _____ CDO# _____

Student Name _____

Dates of Practicum Placement: _____

- ☐ I have agreed to supervise a practicum placement for the Applicant named above.
- ☐ My relationship with the Applicant is free from any conflict of interest or bias that could influence, *or appear to influence*, my ability to supervise the Applicant and provide an objective and impartial evaluation of the Applicant's competence. More specifically, this means that:
 - I do not have a personal relationship with the Applicant (e.g. family, dating, friendship, business) which pre-dates or developed during the practicum that would be perceived to influence my evaluation of the Applicant.
 - I have not received payment directly from the Applicant in exchange for my supervision and evaluation of their competence.
- ☐ I understand that it is considered Professional Misconduct to practise the professional while in conflict of interest (section 1.11 [*Professional Misconduct Regulation O.Reg. 302/01*](#))

Signature _____

Date _____