



## Schedule A - Conflict of interest (“COI”) attestation

**Name of individual:** \_\_\_\_\_

**WSIB program:** Scientific Advisory Table on Occupational Disease

I hereby declare, that: (select one)

I am not aware of any actual, potential or perceived COI with respect to my participation in the WSIB Program stated above.

Described below are the actual, potential or perceived COI(s) arising as a result of my participation in the WSIB Program stated above.

Please provide relevant details about each COI, including the name of the third-party and a description of the nature of the interest where applicable. Should you require more space, please attach additional sheets to this declaration, as required.

Date	Third-party
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Nature and details of the COI

Contact [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

**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.