

**National Institutes of Health  
Conflicts of Interest Ethics Agreement for Prospective Employees**

Name:

Entrance on Duty Date:

Position:

Institute/Center:

The purpose of this agreement is to describe the steps that you intend to take to avoid any actual or apparent conflict of interest in the event that you are hired for the position listed above.

**Recusal**

*Insert the action(s) to be taken, including the timeframe.*

**Divestiture**

*Insert the action(s) to be taken, including the timeframe.*

**Resignation**

*Insert the action(s) to be taken, including the timeframe.*

**Other**

*Insert the action(s) to be taken, including the timeframe.*

Acknowledgement:

\_\_\_\_\_  
Institute/Center Ethics Contact Signature

\_\_\_\_\_  
Prospective Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date