



**Financial Conflict of Interest Review Form**

Name of Covered Individual reporting FCOI: \_\_\_\_\_

A review of HPCR COI documents was performed on : \_\_\_\_\_  
dd/mmm/yyyy

1. A financial relationship with a Business Entity:  DOES NOT EXIST  
 DOES EXIST

2. A potential financial conflict of interest:  DOES NOT EXIST  
 DOES EXIST under item(s)# \_\_\_\_\_

**Value of the FCOI:**

\$0-4,999 (amount DOES NOT require Disclosure and is NOT considered a FCOI)

\$5K - \$9,999

\$10k – 19,999

\$20k – \$100K (list by increments of \$20k)

\$ \_\_\_\_\_

> \$100k (list by increments of \$50)

\$ \_\_\_\_\_

Attached statement by the above Covered Individual that a value cannot be determined.

Attached additional information for review by the Board.

\_\_\_\_\_  
**Betsy Sansom, RN, BSN** dd/mmm/yyyy  
**HPCR Administrative Director, COI Official**

\_\_\_\_\_  
**Bonita L. Thomsen, RN, CCRP** dd/mmm/yyyy  
**HPCR QA/Regulatory Compliance Manager**  
**Back up COI Official**

**Date emailed (scanned) to ESP Executive Admin. for distribution to the ESP Board for review.**

\_\_\_\_\_  
dd/mmm/yyyy