



Accreditation and Approval Review Committee
on Education in Human Lactation and Breastfeeding
2501 Aerial Center Pkwy, Suite 103, Morrisville, North Carolina 27560 USA
info@aarclactation.org • www.aarclactation.org

Statement on Confidentiality and Conflict of Interest

All committee members and reviewers who are involved in the accreditation process must sign this agreement to comply with accreditation policies and procedures, including those relating to conflict of interest and confidentiality. The policies on conflict of interest and confidentiality are contained in the two documents, Accreditation Review Code of Conduct and Accreditation Review Conflict of Interest Policy.

I agree to:

- Conduct myself honorably, responsibly, ethically, and lawfully and to make decisions that are free from self-interest and personal bias and consistent with approved criteria.
- Disclose knowledge of or reason to believe that an accredited program may be non-compliant with the appropriate criteria.
- Disclose all known or potential conflicts of interest that could influence or appear to influence my judgment and not undertake any assignments or take part in any discussions that would knowingly create a potential conflict of interest or the appearance of a conflict of interest.
- Not serve as a consultant in accreditation matters to a program or institution while serving on the Council and not solicit or accept gratuities, directly or indirectly, from programs under review for accreditation.
- Keep all information confidential and not share documents or course materials of any kind with anyone other than Review Committee members and not discuss with colleagues the name of the program being evaluated or seek input from colleagues about the program.
- Not use information obtained during the accreditation process as a means of making personal profit.
- Treat fairly all persons regardless of race, religion, gender, disability, age, national origin, marital status, sexual orientation, or political affiliation.
- Destroy all reports, data, and materials on the program and the evaluation when notified by the Joint Review Chair that my report has been received.

I have disclosed below any conflict of interest that would prevent me from participating in the evaluation of a particular program (select one):

I have nothing to disclose

Disclosure:

Signature:

Date:

Insert your electronic signature or type your name and insert date. Return the signed form to info@aarclactation.org.