



# Declaration for Non-Director Voting Members of NOSM Board of Directors Standing Committees

Northern Ontario School of Medicine

École de médecine du Nord de l'Ontario

ᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅ  
ᐅᐅᐅᐅᐅᐅ ᐅᐅᐅᐅᐅᐅᐅ

**Approved By:** Board of Directors

**Responsible Office(s):** Board Office

**Responsible Officer(s):** Secretary, Governance Committee

**Effective date:** September 23, 2015

**Supersedes:** n/a

**Revised:** n/a

As a non-Director voting member of a NOSM Board of Directors Standing Committee I acknowledge and accept the following:

1. I confirm that I do not have a conflict of interest which would prevent me from serving on any Standing Committee pursuant to Conflict of Interest provisions in Section 22 of the Corporate By-law and in the Board Policy Manual. When such matters arise, I will inform the Chair and committee members, so that the potential for a conflict of interest can be addressed prior to action by the committee.
2. I agree to abide by the confidentiality provisions in the Corporate By-Law, Board Policy Manual and NOSM's privacy policies and agree to respect the confidentiality of matters brought before Standing Committees, keeping in mind that unauthorized statements could adversely affect the interests of the Corporation.
3. I hereby consent pursuant to the provisions of Section 24 of the Corporate By-Law to the holding of meetings of the Board of Directors or of any Committee of the Board of Directors by means of such telephone, electronic or other communication facilities as permit all persons participating in the meeting to communicate with each other simultaneously and instantaneously.
4. I will actively prepare for, attend and participate in the committee meetings to which I have been assigned.

These consents will continue in effect from year to year so long as I am a member of a Standing Committee of the Northern Ontario School of Medicine's Board of Directors.

I undertake to advise NOSM in writing of any change of address as soon as possible after such change.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_