



Saskatchewan College of Occupational Therapists

Continuing Competency Program-Audit Conflict of Interest Declaration

Name of SSOT Member: _____

Please indicate (✓) if you are the:

SSOT Member being audited

SSOT Auditor

Name of the individual(s) with whom there is potential conflict of interest	Reason for Conflict (✓)	
	Work	Personal

Please provide the specifics of why there is a potential conflict of interest:

SSOT Registration Number: _____

Signature: _____

Printed Name: _____

Date: _____