



Saskatchewan College of Occupational Therapists

Continuing Competency Program-Audit Conflict of Interest Declaration

Name of SCOT Member: _____

Please indicate if you are the:

SCOT Member being audited

SCOT Auditor

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

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

I am not aware of any potential conflicts of interest

SCOT Registration Number: _____

Signature: _____

Printed Name: _____

Date: _____