



Preferred Therapy Services
2350 Airport Freeway Suite 150
Bedford, TX 76022
Office phone number: (817) 508-0030
(817) 991-5457
Fax: 1-877-267-4771

CONFLICT OF INTEREST

PURPOSE:

To ensure no conflicts of interest exist with respect to Preferred Therapy Services officers and employees.

POLICY:

Preferred Therapy Services expects that its officers and employees at all levels will be free of any influence, interest or relationship that might conflict with the best interests of Preferred Therapy Services.

The following provisions pertain to the Preferred Therapy Services policy on conflict of interest.

RESPONSIBILITIES:

All levels of management are required to maintain an awareness of potential conflict of interest problems, to inform all employees concerning the conflict of interest policy, and to report any real or potential conflict of interest.

CONFLICT OF INTEREST CERTIFICATE

All officers and key employees are required to execute a Conflict of Interest Certificate upon initial employment, during January of each year and upon promotion to officer or key employee status.

WAIVER

By making a full report about a conflict of interest to the President and/or the Director of Human Resources, officers or employees can obtain waivers for a particular arrangement if the disclosed or potential conflict is not adverse to the best interests of Preferred Therapy Services. If a waiver is not obtained and a conflict of interest exists, the conflict of interest must cease or this may be cause for termination of employment.



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CONFLICT OF INTEREST CERTIFICATE

To: Directors, Managers, Supervisors, Administrative Staff members, and
Community Educators/Marketing Staff Preferred Therapy Services

I have read the Preferred Therapy Services' Conflict of Interest Policy and to the best of my knowledge and understanding:

- I am not aware of any circumstance of a professional, personal, or family nature, direct or indirect, which would conflict with my ability to conduct business in the interests of Preferred Therapy Services, this includes the use of my time during my normal (and compensated) work hours.
- I wish to report the following:

Signature: _____

Print Name: _____

Date: _____
