

CONFLICT OF INTEREST

Is there any conflict of interest with this instructor that may be of concern to the Ohio Ethics Commission and its advisory opinion 98-005? ____ Yes ____ No (Ohio Administrative Code Section 4101:16-2-04(D))

ALTERNATE INSTRUCTOR'S INFORMATION

- Course Number & Title _____
- Name _____
- Address _____
- City _____ State _____ Zip _____ Telephone _____
- Current Occupation _____
- Field of Expertise _____
- Years of field experiences in the above subject area _____ (minimum 5 years)
- Years of teaching in the above subject area _____

***Attach all proposed instructor qualifications and bio for this course application.**

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***Attach all proposed instructor qualifications and bio for this course application.**

I solemnly swear that the answers and/or responses are complete and true.

Name of training agency _____

Name of applicant _____

Signature of applicant _____

Date of application _____

Subscribed and duly sworn before me according to law by the above named applicant this ____ day of _____,

20__ at the County of _____, State of _____.

Notary Public

My Commission Expires