

**VANDERBILT UNIVERSITY MEDICAL CENTER
INDEPENDENT CONTRACTOR / EXTERNAL CONSULTANT
CONFLICT OF INTEREST CERTIFICATION**

Name of Service Provider: _____
(Individual performing the service) *(Please Print)*

Federal Tax ID Number or Social Security Number: _____

I certify that this position was not used for financial gain beyond that received directly for this consulting service nor did the work performed on this project create an appearance of a conflict of interest for me or a member of my family or others with whom I have business or other ties.

SIGNATURE

DATE