

**VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC)
CONFLICT OF INTEREST CERTIFICATION**

Name of Service Provider: _____
(Individual or firm performing the service, hereinafter Service Provider) (Please Print)

Federal Tax ID Number or Social Security Number: _____

SERVICE PROVIDER represents and warrants that none of its principals, nor any employee or subcontractor of SERVICE PROVIDER performing the Services, is a faculty member, employee, postdoctoral scholar, student, or agent of VUMC. Neither SERVICE PROVIDER, nor any of its principals, or any of its employees or subcontractors performing the Services, has a personal or other business relationship with any VUMC department that is participating in this Agreement or has the authority to approve payment of the Services under this Agreement.

(Signature of Service Provider)

Date