

**MID-OHIO PSYCHOLOGICAL SERVICES, INC.**

**624 East Main Street  
Lancaster, Ohio 43130**

**Voice (740) 687-0042**

**Fax (740) 687-6677**

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Bradley A. Hedges, Ph.D.  
Executive Director

**Conflict of Interest Information Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe below any relationships, positions, or circumstances in which you are involved that you believe could contribute to a Conflict of Interest (as defined in Mid-Ohio Psychological Services Inc.'s Policy on Conflicts of Interest) arising.

*I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of Mid-Ohio Psychological Services Inc. that is currently in effect.*

\_\_\_\_\_

Signature of Person Completing Form

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Executive Director

\_\_\_\_\_

Date