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AGREEMENT TO AVOID CONFLICT OF INTEREST

I, the undersigned, hereby understand and agree that in order to avoid any conflict of interest or appearance thereof, in fulfilling my duties as a Commissioner, I will not participate in any decision or discussion that pertains to any ophthalmic educational program that I have attended, taught at, or served as a member of its Advisory Committee. During said discussions, I will voluntarily excuse myself from this meeting.

Additionally, as a Commissioner I understand that I may discuss COA accredited programs, program faculty, and on site evaluation findings among the Commissioners; however, those conversations should be limited to instances where those discussions would benefit the school programs, the school faculty, the Commission, or the field of Opticianry in general. Under no circumstances may I use such information for any other purpose.

I understand that my signature constitutes binding acceptance of the aforementioned commitments.

Print Name

Signature

Date