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EXHIBIT A

AMERICAN ASSOCIATION FOR ACCREDITATION OF AMBULATORY SURGERY FACILITIES

Surveyor Conflict of Interest Disclosure and Confidentiality Statement

Ι,	, hereby ackno	wledge that I have read AAAASF's Policy
on Conflicts of Interest, Disclo	sure of Relationships and Confiden	ntiality for Surveyors and fully support and
subscribe to the Policy. I certify	y that, to the best of my knowledge,	, no aspect of my current personal, financial,
consulting or professional circu	amstances could improperly influe	nce or be perceived to improperly influence
my conduct as a surveyor with	h the exception of:	
I acknowledge my conti	nuing obligation to report to the Ex	secutive Director of AAAASF promptly and
in writing any possible conflict	of interest that comes to my attenti	ion in the future.
I further acknowledge	my obligation not to share with	any third party any information, including
documents; I obtain as a survey	or of a facility seeking accreditation	on and to maintain the confidentiality of that
information.		
Date:	Signature:	