

**NAFCC Accreditation Conflict of Interest Affidavit**

**FCC Educator's Name:** \_\_\_\_\_

**FCC Co-Educator's Name (If applicable):** \_\_\_\_\_

**Observer's Name:** \_\_\_\_\_

I hereby affirm that I have no conflict of interest with my NAFCC Observer.

- We have no prior personal relationship.
- We do not belong to the same local association, support group, church group or other community group.
- We have not had a training or mentor relationship.
- This Observer does not work for a Food Program or Licensing Agency that covers the area where I live.
- This Observer has not observed my program within the past 4 years.

I understand that accreditation status will be denied or revoked in the case of an unidentified conflict of interest.

FCC Educator's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

FCC Co-Educator's Signature (if applicable)

Date

\_\_\_\_\_

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