



Subject: **BOARD OF DIRECTORS
DECLARATION POLICY & FORM**

Policy # 5-100

Approved by: Board of Directors

Issue Date: February 2011

Board of Directors
Policy Manual

Revised (R) / Reconfirmed (RC) Dates

Oct 2012 (r); Nov 2013 (r); Oct 2018 (r) Nov 2022 (r)

POLICY

All Directors will review and be familiar with Board policies and Hospital by-laws.

PURPOSE

By signing this declaration form, Directors confirm they have read and will comply with Board policies and Hospital By-laws

PROCEDURE

All Directors will sign the Declaration Form annually and no later than December 31st of each year. Signed forms will be kept by the Board secretary or his/her designate

DECLARATION FORM

I confirm that, in the past year, I have reviewed Hospital By-laws and Board policies, with particular attention to the following:

- Mission Statement
- Vision Statement
- Values
- Roles & Responsibilities of the Board
- Performance Expectations of Individual Board Members
- Confidentiality
- Conflict of Interest
- Code of Conduct

I agree to comply with Board policies, Hospital by-laws and such other Hospital policies applicable to the Board.

Signature: _____
(Name of Director)

Date: _____