CLEARANCE PROCESS TO IDENTIFY AND RESOLVE POTENTIAL CONFLICTS OF INTEREST

Committee Name	Forwarded By: (name and address)
Name of IC Deputy Ethics Counselor (DEC)	(Signature and Date)
Date of Advisory Committee Meeting	Return To: (name and address)
Exec Sec Review (Signature and Date)	
IC Deputy Ethics Counselor (DEC) *(Signature and Date)*	

Name of Member (including ex-officios)	**SGE** Date OGE 450 sent to member	**HHS Federal employee** (SF 278 on file) Date reviewed	**HHS Federal employee** ***(no*** SF 278) Date OGE 450 sent to member	**Non-HHS Federal employee** Date OGE 450 sent to member	**No New Waiver or Addendum Needed**	**Date New Waiver or Addendum sent to IC DEC**	**Date cc of signed waiver sent to OGC,ED**	**Comments:** [Include reason why no new waiver or addendum attached, e.g. no change]