

**TAOS HEALTH SYSTEMS, INC.**  
**BOARD OF DIRECTORS APPLICATION**

*Application Deadline: April 18, 2025*

**CONTACT INFORMATION:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**E-mail address (If available):** \_\_\_\_\_

**EXPLAIN WHY YOU WANT TO BE ON THE TAOS HEALTH SYSTEMS BOARD OF DIRECTORS:**

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**EDUCATION/JOB EXPERIENCE:**

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**LIST ANY OTHER MEMBERSHIPS ON OTHER COMMUNITY BOARDS AND CLUBS:**

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**REFERENCES:**

Please list three personal references and contact information. *(At least two of the references should be from the local area)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please mail, e-mail or fax your CV and Conflict of Interest Disclosure Statement with your Board of Directors application to the following address:

**Taos Health Systems**

**Attn: Lenora Cisneros, Administration Office Manager**

**1397 Weimer Rd.**

**Taos, NM 87571**

**[lcisneros@taoshospital.org](mailto:lcisneros@taoshospital.org)**

**Fax#: 575-751-5719**

**TAOS HEALTH SYSTEMS, INC.**  
**CONFLICT OF INTEREST DISCLOSURE STATEMENT**  
**and CONFIDENTIALITY AGREEMENT**

YEAR: 2025

Name: \_\_\_\_\_

Position: \_\_\_\_\_

This information applies to current activities and any activities anticipated during the next 12 months. **Return this Document along with the Board of Director Application.**

**Note:** All **bolded** words are explained in the definition section. **Please explain all YES answers.**

**DISCLOSURE OF FINANCIAL INTEREST:**

1. Are you a partner or shareholder in any healthcare-related entity (including a medical practice)? If so, please identify all such **entities**. This does not include investment interests excluded in the definition of financial interests.

YES      NO

\_\_\_\_\_  
\_\_\_\_\_

2. Have you participated in or otherwise influenced the selection by TAOS HEALTH SYSTEMS of a contractor, vendor, or supplier of goods or services in or from which you and any member of your **immediate family** had or received a **financial interest**?

YES      NO

\_\_\_\_\_  
\_\_\_\_\_

3. Has any student, postdoctoral fellow or other trainee, officer, support staff or any other individual working for you or for an entity in which you exercise control received financial support from an entity in which you or any member of your **immediate family** have a **financial interest**?

YES      NO

\_\_\_\_\_  
\_\_\_\_\_

4. Have you taken any administrative action within TAOS HEALTH SYSTEMS which is likely to benefit an **entity** in which you and any member of your **immediate family** have a **financial interest**?

YES NO

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5. Do you and your **immediate family**, have an Ownership Interest or investment interest in an **entity** which does business with TAOS HEALTH SYSTEMS or which competes with TAOS HEALTH SYSTEMS? This includes serving on committees involved with evaluating, recommending or acquiring drugs, medical devices, supplies and equipment when the individual or family member has ownership or investment interest in or receives compensation from the manufacturer of supplier of the drug, medical device, supply or equipment under consideration.

YES NO

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6. Do you (or members of your **immediate family**) have a compensation arrangement with any **entity** or individual with which TAOS HEALTH SYSTEMS does business or competes with TAOS HEALTH SYSTEMS? Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature (i.e., in excess of \$500.00 in any calendar year).

YES NO

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7. Do you (or members of your **immediate family**) have a potential ownership or investment interest, or a potential compensation arrangement with, any **entity** or individual with which TAOS HEALTH SYSTEMS is negotiating or has negotiated a transaction or business arrangement?

YES NO

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8. List the names of any **entities** for which you serve as an officer or member of the governing body which does business with (including the referral of patients) or which competes with TAOS HEALTH SYSTEMS.

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9. List the names for all **entities** which transact business with TAOS HEALTH SYSTEMS (including the referral of patients) or which compete with TAOS HEALTH SYSTEMS and with which you serve in any capacity (including directive, managerial, or consultative).

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**BORROWING:**

1. Borrowing money or anything of value from a patient, individual or **entity** which does business with TAOS HEALTH SYSTEMS may constitute a conflict of interest. List any borrowings which could constitute a conflict of interest.

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**GIFTS:**

1. Have you or your immediate family ever received any gift, entertainment, or other favors having an individual value of greater than one hundred dollars or an annual aggregate value of greater than five hundred dollars from any patient, individual or **entity** which does, or is seeking to do business with, or is a competitor of TAOS HEALTH SYSTEMS? (This does not include the acceptance of items of nominal or minor value, which are of such a nature as to indicate that they are merely tokens of respect or friendship and not related to any particular transaction of the organizations corporate activity).

YES      NO

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**PERSONAL INTERESTS:**

1. Are any present employees of TAOS HEALTH SYSTEMS's organization related to you either by blood, marriage/engagement or as a member of your household?

YES      NO

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2. Have you ever used your position with TAOS HEALTH SYSTEMS to advance your personal financial position?

YES      NO

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3. Have you ever used your position with TAOS HEALTH SYSTEMS to advance or protest a philosophical or political cause?

YES      NO

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**OTHER:**

I hereby disclose the following circumstances which may involve a possible conflict of interest.

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I fully understand the above provisions and have disclosed any potential conflicts of interest. I do not have direct knowledge of violations by others under my supervision that has not been disclosed. I fully intend to follow the standards set forth in all my employment and/or governance activities. Further, I agree to abide by the Code of Ethics as well as Fraud and Abuse reporting requirements. I understand that I am required to notify Lisa Clark, Compliance Officer, of any changes in any of the statuses outlined above as soon as practicable.

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Print Name

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Email Address

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Signature

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Date

**CONFLICT OF INTEREST DISCLOSURE STATEMENT  
AND CONFIDENTIALITY AGREEMENT**

**DEFINITIONS**

**“Entity”** means any corporation, partnership, sole proprietorship, limited liability company, firm, franchise, association, organization, holding company, joint venture or joint stock company, receivership, business or real estate trust, or any other legal entity organized for profit.

A **“Financial interest”** is an interest in a Entity consisting of any stock, stock option or similar ownership interest in such Entity which if disclosed might appear to create a Conflict of Interest, but excluding any interest arising solely by reason of investment in such Entity by a mutual, pension or other institutional investment fund over which the person does not exercise control. It is also a payment of anything of monetary value in excess of one thousand dollars annually in the aggregate, including but not limited to, salary or other payments for services (e.g., consulting fees, stipends or honoraria).

**“Immediate family”** means a Responsible Person’s spouse, children, parents, siblings or equivalents by marriage, or other individuals residing in the Responsible Person’s household.

**Reviewed: 2/25**