

**TNOTA Approved Provider Program**

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[ ]  I attest that to the best of my knowledge, Content I submit for approval with TNOTA’s Approved Provider Program will remain unchanged between the time of approval and the course date(s).

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Please describe below any relationships, either personal, professional, or financial, as well as transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest relevant to TNOTA’s Approved Provider Program, its application and submission process, and/or course content:

[ ]  I have no conflict of interest to report.

[ ]  I have the following conflict of interest to report (please specify):

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[ ]  I attest that I will not represent a vendor or sell products as a part of this presentation.

[ ]  I herby release, discharge, promise not to sue, and hold harmless TNOTA and its affiliates, successors and assigns from and against any and all claims, demands and/or causes of action arising out of or in connection with the exercise of any rights herein granted, including, without limitation, any claim for infringement, right of publicity, libel, slander, defamation, moral rights, invasion of privacy or violation of any other rights relating to any Content I upload, share or otherwise provide in connection with use of the Platform.

I certify and represent that I have read this Release and fully understand its meaning and effect.

Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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