

Algoma
Nurse Practitioner-Led Clinic

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Board Member Annual Agreement

This is to certify that as a board member of the Algoma Nurse Practitioner Led Clinic for the year(s)_____ I have read, understand, and agree to comply with the ANPLC Board Code of Conduct, Conflict of Interest, Confidentiality, and Duties Obligations and Expectations policies.

Name and Signature	Date
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