

State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

INDIANA STATE
ETHICS COMMISSION

Name <i>(last)</i> Lynch	Name <i>(first)</i> Amanda	Name <i>(middle)</i>	
Name of office or agency Indiana Department of Health		Job title Aide Investigations Registry Program Supervisor	
Address of office <i>(number and street)</i> 2 N Meridian Street		City Indianapolis	ZIP code 46205
Office telephone number (463) 304-3585	Office e-mail address <i>(required)</i> alynch@health.in.gov		

My current position at IDOH oversees assignment of nurse aide investigations. I am taking a part-time position as a RN for Baptist Health Floyd. Although uncommon, it is possible that IDOH may receive a nurse aide investigation involving Baptist Health Floyd. My Division Director, Nicole Tipton, has agreed to handle any complaints or investigations regarding Baptist Health Floyd. I have also spoken to my agency's Ethics Officer and am aware that I must not be involved in an agency activity involving Baptist Health Floyd. I will contact my Ethics Officer if there are any concerns and I will keep my supervisor and Ethics officer informed of any changes in my employment.

Describe the screen established by your ethics officer: (Attach additional pages as needed.)

AFFIRMATION

Your signature below affirms that your disclosures on this form are true, complete, and correct to the best of your knowledge and belief. In addition to this form, you have attached a copy of your written disclosure to your agency appointing authority and ethics officer.

Signature of state officer, employee or special state appointee

Amanda Lynch RN

Date signed (month, day, year)

1/20/26

Printed full name of state officer, employee or special state appointee

Amanda Lynch

FOR ETHICS OFFICER USE ONLY

Your signature below affirms that you have reviewed this disclosure form and that it is true, complete, and correct to the best of your knowledge and belief. You also attest that your agency has implemented the screen described above.

Signature of ethics officer

Erin R. Elam

Date signed (month, day, year)

1/20/2026

Printed full name of ethics officer

Erin R. Elam

From: Elam, Erin R
Sent: Tuesday, January 20, 2026 8:47 AM
To: Weaver, Lindsay
Cc: Barrett, Tami
Subject: Conflict of Interest Form for IDOH employee Amanda Lynch
Attachments: Amanda Lynch COI signed.pdf

Good morning, Dr. Weaver-

I am notifying you (as required) that I will be filing the attached conflict of interest form for IDOH employee Amanda Lynch. Amanda worked with her supervisors and Assistant Commissioner to get approval for part-time outside employment. She will be working as an RN for Baptist Health Floyd. Amanda currently works in Nurse Aide Investigations, which involves CNA and HHA investigations primarily in LTC and home health. She has worked with her supervisor to be screened out of any investigations involving Baptist Health Floyd. Additionally, I have been informed that, in the near future, Amanda will be moving to LTC division to conduct surveys. Baptist Health Floyd does not own any LTC facilities, so there should not be any risk of conflict after that move.

Erin Elam | Staff Attorney & Ethics Officer
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