



APR 08 2025

INDIANA STATE  
ETHICS COMMISSION

Name ( <i>last</i> ) Morris	Name ( <i>first</i> ) Angela	Name ( <i>middle</i> ) M	
Name of office or agency University of Southern Indiana		Job title Project Coordinator	
Address of office ( <i>number and street</i> ) 8600 University Blvd		City Evansville	ZIP code 47712
Office telephone number ( 812 ) 461-5446	Office e-mail address ( <i>required</i> ) ammorris2@usi.edu		

Employed as the Project Coordinator of the Indiana SANE Training Project, a program of Southwest Indiana Area Health Education Center

(SWI-AHEC) hosted at the University of Southern Indiana's College of Nursing and Health Professions and serves on the Indiana State Board of Nursing.

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

Refrain from participating in stakeholder meetings and from decisions or votes as a member of the State Board of Nursing regarding licensure of forensic nurses.

#### 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

*AM Morris*

Date signed (month, day, year)

3/27/2025

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

Angela Morris

#### 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

*Amy J Osborne*

Date signed (month, day, year)

4/7/2025

Printed full name of ethics officer

Amy J Osborne