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ETHICS DISCLOSURE STATEMENT CONFLICTS OF INTEREST – DECISIONS AND VOTING

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

APR 0 8 2025

indiana statil Ethics commission

In accordance with IC 4-2-6-9, you must file your disclosure with the State Ethics Commission no later than seven (7) days after the conduct that gives rise to the conflict. You must also include a copy of the notification provided to your agency appointing authority and ethics officer when filing this disclosure. This disclosure will be posted on the inspector General's website. Name (last) Name (middle) Name (first) Morris Angela Name of office or agency Job title Project Coordinator University of Southern Indiana Address of office (number and street) City ZIP code 8600 University Blvd Evansville 47712 Office telephone number Office e-mail address (required) (812)461-5446 ammorris2@usi.edu Describe the conflict of interest: 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 | |
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| regarding licensure of forensic nurses. | |
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| AFFIRMATION | |
| Your signature below affirms that your disclosures on this form are true, complete, and cor knowledge and belief. In addition to this form, you have attached a copy of your written disappointing authority and ethics officer. | |
| Signature of state officer, employee or special state appointee | 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 May Adabaene | Date signed (month, day, year) |
| Printed full name of ethics officer | |