

**Currently working for the state of California:**

**Instructions:** If you are working for the state of California, please use the template below and have an employer representative sign the letter.

To whom it may concern:

(Awardee Name) has been an employee here at (Employer Name) since (Start of Employment). There is no conflict of interest between the Office of Statewide Health Planning and Development and our department due to the service obligation that (Awardee Name) is completing and the scholarship or loan repayment award (Awardee Name) is receiving.

(Signature)

(Personnel Employee Name and Title)

(Contact Information –email, address, and phone number)

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**No longer working for the state of California:**

**Instructions:** If you are no longer working for the state of California, please use the template below stating the name of the department, the date of separation from state service and sign the letter.

To whom it may concern:

I am no longer employed at (Employer Name) and separated from state service on (Date of Separation). My receipt of an award from the Health Professions Education Foundation does not present a conflict of interest with my former employer.

(Signature)

(Employee Name and Title)

(Contact Information –email, address, and phone number)

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**If you have never worked or volunteered for the state of California:**

**Instructions:** If you have never worked or volunteered for the state of California, please use the template below stating you have never worked or volunteered for the state of California and sign the letter.

To whom it may concern:

I have never worked or volunteered for the state of California; therefore, as an award recipient from the Health Professions Education Foundation, there is no conflict of interest.

(Signature)

(Employee Name and Title)

(Contract Information –email, address, and phone number)