

Professional Conduct Statement

As a candidate for an SSA award, honor or governance position, please complete this online form no later than the specified request date. If you have questions, please contact Nan Broadbent, SSA executive director, at nbroadbent@seismosoc.org.

Your name:

Affiliation:

Email:

Phone:

Have you been the subject of a filed allegation, complaint, investigation, sanction or other legal, civil or institutional proceeding, where there was a finding of misconduct; or, are you currently the subject of such an allegation, complaint, or investigation in which your professional conduct is at issue?

- No
- Yes [If yes, you will be contacted for a confidential discussion of the details of the complaint.]

Acknowledgment:

The undersigned hereby affirms that he/she has read, understands, and agrees to comply with the SSA Ethics Policy including its Code of Conduct, and other policies and procedures established by SSA.

By signing this document, I certify that, to the best of my knowledge, the above response and all information provided by me related to this professional conduct statement form are truthful, accurate and complete, and I agree to notify SSA promptly of any material changes required in my responses to the above question. I acknowledge that failure to comply with SSA Ethics Policy, including its Code of Conduct, may result in my ineligibility to receive, or revocation of, any SSA award, honor, governance position or other type of SSA recognition.

Signature:

Date: