**University of Wisconsin-Parkside**

**Financial Conflicts of Interest Disclosure Form**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All faculty and academic staff at UW-Parkside who plan to participate in, or are participating in, Public Health Service (PHS)-funded research must fully disclose potential financial conflicts of interest and successfully complete financial conflict of interest training. This *Financial Conflicts of Interest Disclosure Form* must be submitted to your department chair or unit director no later than at the time of application, within 30 days of discovering or acquiring a new significant financial interest, and at least annually during the period of award. Please read the Definitions for information on which types of financial interests are reportable.

□    I have read the Definitions and do not have any remunerative outside activities in my field of interest to report.

(If you check this box, forward the signed form to your chair/director.)

**A. Remunerative Relationships**

□    I have received net remuneration for professional outside activities in my field of professional interest (e.g., consulting, research,

teaching, writing, etc.). List below the name of the organization or business, type of activity (e.g., consulting, teaching, etc.) and the aggregate amount of time spent (days) in the activity, and whether you received $5,000 or more from a single source.

Check if $5,000 or More

Name of Business or Organization Type of Activity Time Spent (days) From a Single Source

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□   I have received compensation from a nongovernmental sponsor of university research, teaching, or training for which I am a

principal investigator.

Name of sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Offices and Directorships**

□    Identify below any business or other organization related to your field of academic interest or professional specialization for which

you or your immediate family served as an officer, director, or trustee. No identification need be made of professional societies, trusts, or charitable, religious, social, community service, or political organizations.

Name of Business/Organization City and State Position Held

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**C. Ownership Interests**

□    List below any business or other organization related to your field in which you or your immediate family individually, or in

aggregate, owned or controlled outstanding equity.

Name of Business/Organization City and State

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Financial Interests**

□    I hold intellectual property rights (e.g., patents, copyrights) from which I have received royalties or other income during the

reporting period. (Do not include IP rights that did not generate income, or income received from the institution.)

Name of rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□     I have received reimbursed or sponsored travel (i.e., that which was paid on my behalf) related to my institutional responsibilities.

(Note: This disclosure requirement does not apply to travel that is reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.)

Purpose of trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sponsor/organizer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institutional Signatures**

Department Chair/Unit Director

□    I have reviewed the information itemized above and to the best of my knowledge find no potential conflict of interest.

□    I have reviewed the information itemized above and find a potential for conflict of interest.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean

□    I have reviewed the information itemized above and to the best of my knowledge find no potential conflict of interest.

□    I have reviewed the information itemized above and find a potential for conflict of interest.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Research Administration

□    I have reviewed the information itemized above and to the best of my knowledge find no potential conflict of interest.

□    I have reviewed the information itemized above and find a potential for conflict of interest.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_