

UNI PHS External Interests Reporting Form

Instructions: Before completing this form, please read the [Policy on Conflicts of Interest](#) Involving Research Funded by the Public Health Service. If this is an annual report, please enter the year and respond to the questions for that year, for yourself and for your spouse/partner and any dependent children, as applicable.

Today's Date: _____

Individual Reporting: _____

Title or Position: _____

Email Address: _____ **Telephone:** _____

Department: _____

Organization (if not UNI): _____

If this form is being completed pursuant to a specific grant project, list the funder, date of application (or award, if funded), and name of principal investigator (if other than yourself):

Reporting Year: _____

OR check if this is an **ad hoc** disclosure because a new interest has been acquired _____

FINANCIAL AND OTHER EXTERNAL INTERESTS

1. Do you or any of your immediate family members (spouses/partners and children) hold an office or directorship in a for-profit or nonprofit organization?

YES OR NO

Name of organization(s): _____

Position(s) held: _____

Business of the organization(s): _____

If officer or director, list the amount of compensation: _____

2. Do you or any of your family members receive consulting income or honorariums totaling \$5000 or more from a single source?

YES OR NO

Source(s): _____

Business of the organization(s): _____

Total compensation from each source: _____

3. Do you or your family members hold any intellectual property rights? YES OR NO

Description of rights: _____

4. Do you or any of your family members hold more than a 5 percent financial interest in any business venture (including publicly held corporations)? YES OR NO

Name of venture(s): _____

Business of the organization(s): _____

5. Has any outside entity paid for or reimbursed personal or business travel for you or any of your family

members? (except those paid for by your employer, by governmental agencies, or by other universities)?

YES OR NO

If so, provide sponsor/organizer, purpose of trip, destination, duration, and amount paid: _____

POTENTIAL CONFLICTS

6. Does any organization or venture listed in your response to items 1-5 compete or do business directly or indirectly with the University of Northern Iowa? If so, please explain:

7. Are your responsibilities for any of the organizations or ventures listed in your response to items 1-5 similar to OR potentially affecting OR affected by your university responsibilities? If so, please explain:

8. Do they affect OR are they affected by sponsored funding? If so, in what way, and which agency?

9. Are there any other external interests that you may believe may cause a potential conflict with your responsibilities with the university or on a particular sponsored project? If so, briefly describe:

ACKNOWLEDGMENTS AND SIGNATURES

I acknowledge that I have read and understand the UNI Policy on Conflicts of Interest Involving Research Funded by the Public Health Service and have made all necessary disclosures.

Your Signature: _____

Department Head Signature: _____

Signature, Date, and any Comments of the OSP Conflict of Interest Officer:

After departmental signature is obtained, **mail this form to Tolif Hunt**, Conflict of Interest Officer (COIO), Office of Research and Sponsored Programs, 213 East Bartlett Hall, mail code 0394, or scan and email to [Tolif Hunt](#). Questions may be directed to him at 319-273-3217.