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?
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.