

FORM FOR DISCLOSURE OF ACTIVITIES WHICH MAY INVOLVE CONFLICT OF INTEREST

I, _____, have read and understood the "University Policy on Duality of Interest" of November 19, 1993, and in accordance with this policy I state the following:

1. I attach a list of all my affiliations with any person (including any officer or employee of the University/Medical Center), firm, organization, or corporation with which I have reason to believe the University / Medical Center does business.

-- NOT APPLICABLE

-- LIST ATTACHED

2. I attach a list of my consulting arrangements, whether or not I believe that they may involve potential conflict of interest.

-- NOT APPLICABLE

-- LIST ATTACHED

3. I shall amend these two lists promptly (items 1 and 2) whenever my affiliations or duties change.

4. If I become aware that any member of my family (parents, brothers and sisters, children, spouse, and/or in-laws) is engaged in business with the University / Medical Center, I shall disclose my relationship with the person(s) concerned and the nature of this business.

5. I understand that I am not to participate in any decision or vote on an issue in which I may have conflicts of interest because of affiliations listed in items 1, 2, and 4.

I submit this information to the President of the University.

Signature: _____

Position: _____

ID: _____

Date: _____

Failure to declare a conflict of interest may result in disciplinary action up to and including termination of employment