



Financial Conflict of Interest Disclosure Certification Form

Do I have a Financial Conflict of Interest under Radford University's policy?

https://www.radford.edu/content/dam/departments/administrative/Research%20Compliance/Conflict%20of%20Interest/Radford_University_Conflict_of_Interest_Policy_Final_Revised_Aug_17_2023.pdf

A Financial Conflict of Interest Disclosure Form is required for all persons applying for, or receiving, funding from federal sponsors for research projects or any funding received by the Public Health Service Agencies (PHS). The Disclosure Form will be evaluated based on significant financial interests in non-Radford University entities. These regulations apply to current interests and interests in the 12-months preceding the submission of a Disclosure Form, rather than interests that are anticipated in the future.

Name:

Department:

Active Grant Funding Agencies:

Type of Disclosure: New Amended Annual Reporting

Disclosure: For the purposes of this disclosure, institutional responsibilities mean the investigator's professional responsibilities on behalf of Radford University which may include activities such as research, outside consulting work, teaching, professional practice/service, and institutional committee membership.

Entity: Any domestic or foreign, public, or private, organization (excluding federal and state agencies) for which an investigator (including spouse and dependent children) receives remuneration or in which any person has an ownership or equity interest.

Publicly Traded Entity: A company which has issued securities (stock shares, bonds, loans) through an offering to the public and is traded on the open market.

Please answer the following questions:

1. Publicly Traded Entity (Income & Equity Interests)

Have you or your spouse, and/or dependent children received income or payment for services for the past 12 months or own equity (stock) interest in any publicly traded entity related to your institutional responsibilities exceeding \$5,000 when aggregated? This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.

YES NO

If yes, please list the name of the entity, what type of significant conflict of interest, and value.



NAME OF ENTITY:

SIGNIFICANT FCOI FROM OUTSIDE RADFORD UNIVERSITY (Please choose from: (equity ownership, consulting fees, travel reimbursement, honoraria) :

VALUE of PAYMENT:

2. Non-Publicly Traded Entity (Income)

Have you or your spouse, and/or dependent children received income or other payment for services related to your institutional responsibilities, in the past 12 months, exceeding \$5,000, when aggregated, from any non-publicly traded entity? This does not include income from seminars, lectures, or teaching engagements sponsored by a U.S. federal, state, or local government agency, a U.S. institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.

YES NO

If yes, please list the name of the entity, what type of significant conflict of interest, and value.

NAME OF ENTITY:

SIGNIFICANT FCOI FROM OUTSIDE RADFORD UNIVERSITY (Please choose from: (equity ownership, consulting fees, travel reimbursement, honoraria):

VALUE of PAYMENT:

3. Intellectual Property Rights and Interests

Have you or your spouse, and/or dependent children received any payments, in the past 12 months, for any intellectual property rights and interests (e.g., patents, copyrights, assigned or licensed to a party other than the Board of Visitors) exceeding \$5,000 related to your institutional responsibilities?

YES NO

If yes, please include:

NAME OF ENTITY:

SIGNIFICANT FCOI FROM OUTSIDE RADFORD UNIVERSITY (Please choose from: (equity ownership, consulting fees, travel reimbursement, honoraria):

VALUE of PAYMENT:



4. Travel Reimbursement/Scholarship*

Have you received travel reimbursement or been sponsored for travel (i.e., travel expenses paid on behalf of Investigator and not reimbursed to Investigator) in excess of \$5,000 per entity in the 12 months prior to disclosure, by any entity related to your institutional responsibilities? This does not include travel sponsored or reimbursed by a U.S. federal, state, or local government agency, a U.S. institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.

YES NO

IF yes, please include the following:

Purpose of trip:

Sponsor/organizer:

Destination:

Duration:

*The disclosure requirement does not apply to travel that is reimbursed or sponsored by the following:

- a federal, state, or local government agency,
- an Institution of higher education as defined by 20 U.S.C. 1001(a),
- an academic teaching hospital,
- a medical center, or
- a research institute that is affiliated with an Institution of higher education.

Acknowledgement & Certification

I have read Radford University's policy on Conflict of Interests Disclosure, and I certify under penalty of perjury that this is a complete disclosure of all my significant financial interests related to my institutional responsibilities. I have used all responsible diligence in preparing this Financial Interest Disclosure and to the best of my knowledge, it is true and complete. I also acknowledge that by signing my name below that it is my responsibility to disclose, within 30 days, any new significant financial interests obtained during the term of the above proposed project to the Office of Research Compliance.

Name of Investigator: _____

Signature: _____ Date: _____

Received and Reviewed by the RCO: Date _____