

**UNIVERSITY OF CENTRAL FLORIDA**  
**POTENTIAL OUTSIDE ACTIVITY, EMPLOYMENT, AND CONFLICT OF INTEREST AND COMMITMENT DISCLOSURE (AA-21)**

**Reporting Period:** 08/08/2021 - 08/07/2022

**Purpose:**

The purpose of this disclosure is to provide faculty, executive service, post-doctoral employees, select individuals identified in university positions of trust, and other employee types engaged in the design, conduct, and reporting of research at UCF a mechanism for reporting required [outside activities](#), [financial interests](#) and potential conflicts. This disclosure conforms with [Florida Statutes](#); policies of the Board of Governors (BOG) and the University of Central Florida UCF; provisions of the Board of Trustees-United Faculty of Florida [Collective Bargaining Agreement](#); and current [federal guidelines](#). This disclosure establishes specific facts to help your supervisor and other appropriate university officials determine whether a potential conflict exists so they can manage or eliminate the conflict when possible. If a conflict is identified by your supervisor or other appropriate university officials, you will be notified and the conflict must be resolved.

**Procedure:**

This form must be completed at least annually, regardless of whether or not there are any [outside activities](#), interests, or commitments to report. Failure to disclose the required information in a timely fashion is insubordinate and subject to disciplinary action up to termination of your employment with the university. **An amended disclosure form must be submitted at any subsequent point during the reporting period that it becomes necessary to disclose any new or anticipated [outside activity](#), interest, or commitment expected to occur during that reporting period.** Timely and complete disclosure of [outside activities](#) and [potential conflicts of interest and commitment](#) protects you from suspicion and accusations of noncompliance. Information on policies, regulations, and requirements, as well as directions for completing the [potential outside activity, employment, and conflict of interest & commitment](#) disclosure and the review process, is available on the [University Compliance, Ethics and Risk Office](#) website. A list of [definitions](#) for some of the terms referenced below is available by selecting the linked words. For assistance you may also contact the Potential Conflicts Administration email, [PCA@ucf.edu](mailto:PCA@ucf.edu).

**NOTE: All questions in this disclosure form refer to activities planned during this reporting period, August 8, 2021 through August 7, 2022. Nine-month faculty must report activity for the 12-month period. An amended disclosure form must be submitted at any subsequent point during the reporting period to disclose new or anticipated [outside activities](#), interests, or commitments expected to occur during that reporting period. All [outside activities](#) must be submitted for review and approval in advance of engaging in the [outside activity](#). For each question answered "Yes", all sub-questions that appear are required and must be answered. Upon answering all sub-questions, use the "Add/Save Response" button to submit your answers to the question. Multiple responses may be submitted to each question.**

**Sponsored Research or Research Involving Human Subjects or Animals**

The university promotes objectivity in research by establishing policies and procedures that provide a reasonable expectation that the design, conduct, and reporting of research will be free from bias resulting from a [researcher financial conflict of interest](#).

Questions 1, 2, & 3 apply to individuals engaged in the design, conduct, and/or reporting of UCF research. Will you be engaging in sponsored research or research involving human subjects or animals through UCF during this reporting period?

- Yes (Answer questions 1-3)
- No Skip

**1. Do you or your [immediate family](#) have one or more of the following [financial interests](#) that reasonably appears to be related to your UCF [institutional responsibilities](#):**

- (1) compensation exceeding \$5,000 from an [entity](#),
- (2) aggregate of both compensation and equity interest exceeding \$5,000 in a publicly traded [entity](#), or
- (3) any equity interest in a privately owned [entity](#)?

[See [reporting exclusions](#)] (New employees should report compensation and/or equity interests received in the last 12 months and during the current reporting period.)

Response:  Yes  No

Entity Name:  [Entity Lookup](#)

Party:  Self  Immediate Family Member  Both Self & Immediate Family Member

**Self:**

**Position Type:**



- |  |   |   |
|--|---|---|
| <input type="checkbox"/> President               | <input type="checkbox"/> CEO                        | <input type="checkbox"/> CFO                              |
| <input type="checkbox"/> Board Member            | <input type="checkbox"/> Dir/Chief Research Officer | <input type="checkbox"/> Scientific Advisory Board Member |
| <input type="checkbox"/> Manager/Officer/Partner | <input type="checkbox"/> Other                      |   |

**Type of Compensation and/or Equity:**

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Salary                  | <input type="checkbox"/> Consulting fees                    | <input type="checkbox"/> Honoraria |
| <input type="checkbox"/> Paid authorship         | <input type="checkbox"/> Equity/Stock (non-publicly traded) |                                    |
| <input type="checkbox"/> Stock (publicly traded) | <input type="checkbox"/> Other ownership interest           |                                    |

Will compensation for services be provided by the sponsor of a [covered clinical study](#)?  Yes  No

Is or will the amount of compensation exceed \$25,000?:  Yes  No

Hours:  from Start Date:  08/08/2021  - End Date:  08/07/2022 

Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your UCF assigned duties:

Describe [in detail](#) your role and

responsibilities with the [entity](#):

**Immediate Family Member:**

Family Relationship:

Position Type:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> President               | <input type="checkbox"/> CEO                        | <input type="checkbox"/> CFO                              |
| <input type="checkbox"/> Board Member            | <input type="checkbox"/> Dir/Chief Research Officer | <input type="checkbox"/> Scientific Advisory Board Member |
| <input type="checkbox"/> Manager/Officer/Partner | <input type="checkbox"/> Other                      |   |

Type of Compensation and/or Equity:

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Salary                  | <input type="checkbox"/> Consulting fees                    | <input type="checkbox"/> Honoraria |
| <input type="checkbox"/> Paid authorship         | <input type="checkbox"/> Equity/Stock (non-publicly traded) |                                    |
| <input type="checkbox"/> Stock (publicly traded) | <input type="checkbox"/> Other ownership interest           |                                    |

Are you responsible (accountable) for the design, conduct or reporting of sponsored research or research involving human or animal subjects conducted through UCF (e.g. includes but is not limited to role of PI/Co-PI, Program Director)?:  Yes  No

Is any of your research sponsored or are you planning to apply for sponsored research during this reporting period?:  Yes  No

Please describe if the disclosed [financial interest](#) is or is not related to your sponsored research. (The [financial interest](#) is related to your research when your [financial interest](#) or the [entity's financial interests](#) could be affected by your funded research.):

Add/Save Response

2. Will you receive paid or reimbursed travel from an outside [entity](#) that exceeds \$5,000 (when aggregated per outside [entity](#)) that could reasonably appear to be related to your [institutional responsibilities](#) (e.g. the purpose of the travel relies upon the same expertise used to carry out your [institutional responsibilities](#))?   
This does not include travel paid for by government agencies, teaching hospitals, medical centers or institutions of higher education in the US. [See [reporting exclusions](#)]

Response:  Yes  No

[Entity](#) Name:

[Entity Lookup](#)

Destination:

Duration of the trip(s) and frequency:

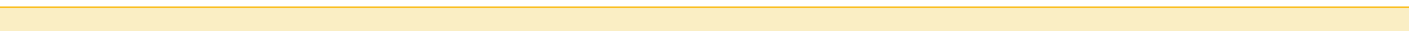
Describe the purpose of the trip(s) and indicate the relationship to your [institutional responsibilities](#):

Estimated cost of travel:

\$

Are you responsible (accountable) for the design, conduct, or reporting of sponsored research or research involving human or animal subjects conducted through UCF (e.g. includes but is not limited to role of PI/Co-I, Program Director)?:  Yes  No

Add/Save Response



3. Will you or your [immediate family](#) receive income related to non-UCF intellectual property rights (e.g., patents, copyrights, trademarks), that when aggregated exceeds \$5,000? (If not previously reported, disclose income exceeding \$5,000 over the past 12 months.) [See [reporting exclusions](#)]



Response:  Yes  No

Entity Name: [Entity Lookup](#)

Party:  Self  Immediate Family Member  Both Self & Immediate Family Member

**Self:**

Identify type of IP:

Patents  Copyrights  Trademark

Identify the source of IP income (e.g. technology license, royalties from publisher sales, ownership share options):

Describe if the intellectual property rights are related to products or processes being used or evaluated in your university research:

**Immediate Family Member:**

Family Member Relationship:

Identify type of IP:

Patents  Copyrights  Trademark

Identify the source of IP income (e.g. technology license, royalties from publisher sales, ownership share options):

Describe if the intellectual property rights are related to products or processes being used or evaluated in your university research:

Add/Save Response

**Use of UCF Students, Personnel, or Other University Resources (e.g., equipment, facilities, supplies) in [Outside Activities](#)**

4. Do you or an [immediate family](#) member intend to use the services of UCF students or personnel for whom you have supervisory or evaluative responsibilities at UCF to carry out an [outside activity](#)?



Response:  Yes  No

First Name:

Last Name:

Supervisory/Evaluative Role:

Proposed Use:


Is usage related to an [outside activity](#) with a non-UCF [entity](#)?  Yes  No

Entity Name:  [Entity Lookup](#)

Hours:  from Start Date:   - End Date:  


Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties:

[Add/Save Response](#)

5. Do you intend to use UCF resources (e.g., equipment, facilities, supplies) or services (including information technology resources) in carrying out any [outside activity](#)? 

Response:  Yes  No

Department/Unit:



 [Department Lookup](#)

Upload Documentation or Approved Agreements (if any):  No file chosen

Type of resource or service:

Location of resource:

Describe anticipated use:

Hours:  from Start Date:   End Date:  


Is usage related to an [outside activity](#) with a non-UCF [entity](#)?  Yes  No

Is there a lease agreement in place with UCF?:  Yes  No

Entity Name:  [Entity Lookup](#)

[Add/Save Response](#)

### Other Activities, Interests and Commitments

6. Will you hold or do you expect to run for [political office](#)? 

Response:  Yes  No

Political Office:

Describe Political Activity:

Hours:  from Start Date: 08/08/2021  - End Date: 08/07/2022 

Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties:

Campaigning Activities:

[Add/Save Response](#)

**7. Do you intend to engage in any teaching activity external to UCF (e.g., courses, workshops, lectures, training)?**



Response:  Yes  No

Entity Name:

 [Entity Lookup](#)

Course/Activity Name:

Instructional Method:

- Face-to-face
- Web-based
- Video streaming
- Other

Is this a compensated activity?:

Yes  No

Description:

Upload syllabus:

No file chosen

Hours:  from Start Date: 08/08/2021  - End Date: 08/07/2022 

Indicate the time(s) of the day, week, or month when this activity occurs and how:

[Add/Save Response](#)

**8. Do you require students to purchase works used in your classroom that you or your [immediate family](#) authored or co-authored (e.g., textbook(s), computer software, electronic or digital media) and for which you will receive, or anticipate receiving payment, loan, subscription, advance, deposit of money, service, or anything of value? Or, does your spouse require students to purchase works used in their classroom that you authored or co-authored?**



Response:  Yes  No

Publisher, Distributor or Entity Name:

 [Entity Lookup](#)

Title and Type of Product:

Provide ISBN, ASIN, UPC, EAN, or any other product identification number: If not available or content requires electronic subscription, indicate all authors/contributors listed on product, URL, edition number, copyright date, published date, and information necessary to identify the product.

Describe what you will do with the income. (Royalties and Donation Form required for donations of royalties):

Upload [Royalties and Donation Form](#) (if any):  No file chosen

[Add/Save Response](#)

### Florida State [Conflict of Interest](#) Standards of Conduct

Florida State [conflict of interest](#) statutes ([FS 112.311](#)) requires that no employee shall have any interest, financial or otherwise, direct or indirect; engage in any business transaction or professional activity; or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties in the public interest. In concert with the [Florida Statute](#) please answer the following Standards of Conduct ([FS 112.313](#)) questions:

**9. Do you or your spouse or child serve as an officer, partner, director, proprietor, have ownership of more than 5% total assets or capital stock, or hold an employment or contractual relationship with an [entity](#) or agency that will**  
**(1) sell goods/services to UCF,**  
**(2) purchase goods/services from UCF, or**  
**(3) enter into a research contract or technology transfer agreement with UCF?**  
*You must report proposed sponsored funding (SBIR/STTR) or license agreements with the [entity](#).*

Response:  Yes  No

[Entity Name:](#)  [Entity Lookup](#)

Are you aware of proposed or active sponsored research or technology transfer agreements between the [Entity](#) and UCF?:  Yes  No

Do you or will you engage in sponsored research with the [Entity](#)?:  Yes  No

Does or will the [Entity](#) license your UCF technology?:  Yes  No

Are you directly or indirectly authorizing business transactions between the [entity](#) and UCF?:  Yes  No

Does the [Entity](#) sell goods/services to UCF as a vendor?:  Yes  No

Does the [Entity](#) purchase goods/services from UCF?:  Yes  No

Are you an officer, partner, director or proprietor of the [entity](#)?  Yes  No

Position Held:

Is your spouse or child an officer, partner, director or proprietor of the [entity](#)?:  Yes  No

Position Held:

Family Relationship:

Do you or your spouse or child have a material interest of more than 5% in the [Entity](#)?:  Yes  No

Describe material interest:


Party:  Self  Spouse or Child  Both Self & Spouse or Child

Family Relationship:

Do you or your spouse or child hold any employment or contractual relationship with the [entity](#) (compensated or receiving consideration)?:  Yes  No

Describe employment/contractual relationship:

Add/Save Response

10. Will you perform an [outside activity](#) in excess of your assigned UCF responsibilities (e.g., serving as a consultant or contractor, board member, expert witness, company officer, etc.) that you have not already reported in Q1 or Q9? 

Response:  Yes  No

Entity Type:  Agency  College/Department

Describe Activity:

In the capacity for which you perform this activity, will you have any connection back to the university (e.g. you consult or contract with an [entity](#) also performing services to UCF)?:

Yes  No

Upload supporting documentation (if any):  No file chosen

Is this a compensated activity?:

Yes  No

Hours:  from Start Date:  - End Date:

Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties:

Sponsoring your UCF research:  Yes  No

Intellectual property rights:  Yes  No

Is the IP owned by UCF?:  Yes  No

License agreement:  Yes  No

Are you an officer, partner, director or proprietor of the [entity](#)?  Yes  No

Position Held:

Is your [immediate family](#) member an officer, partner, director or proprietor of the [entity](#)?  Yes  No

Position Held:

Family Relationship:

Do you or your [immediate family](#) have a material interest?:  Yes  No

Describe material interest:

Party:  Self  Immediate Family Member  Both Self & Immediate Family Member

Family Relationship:

Do you or your [immediate family](#) hold any employment or contractual relationship with the [entity](#)?  Yes  No

Describe contractual relationship:

Party:  Self  Immediate Family Member  Both Self & Immediate Family Member

Family Relationship:

Add/Save Response


11. Are any of your [relatives](#) employed by, or plan to work for UCF? 

Response:  Yes  No

First Name:  Last Name:

Family Relationship:

UCF Department where the [relative](#) works or intends to work:

 [Department Lookup](#)

Is [relative](#) currently employed with UCF?:  Yes  No

UCF email address:

Does or will the [relative](#) work in the same unit, department, or college?:  Yes  No

Upload [Employment of Relatives](#) form:  No file chosen

Does or will a direct or indirect [supervisory relationship](#) exist?:  Yes  No

Add/Save Response

### Activities with a [Foreign Entity](#)

Questions 12a-12d apply to individuals engaged in the design, conduct, and/or reporting of UCF research. Will you be engaging in research through UCF during this reporting period?

- Yes (Answer questions 12a-12d)  
 No Skip

12a. Do you engage in a compensated [outside activity](#)(ies) with a [foreign entity](#) that relates to your [UCF area of expertise](#)? 

Answer "no" if you do not engage in a compensated [outside activity](#)(ies) with a [foreign entity](#) that relates to your [UCF area of expertise](#) or if your [outside activity](#) is identified as a reporting exclusion in the [Outside Activity, Financial Interest](#) and [Potential Conflict Disclosure Matrix](#).

Response:  Yes  No

[Entity](#) Name:

 [Entity Lookup](#)

Name the country of origin:

[Entity](#) Type (select all applicable):

- Academic Institution  
 Publicly Traded  
 Privately Held  
 Government  
 Individual

Identify the [financial interest](#)(s) you have or will receive from this [foreign entity](#) (select all applicable):

- Stock/Equity/Ownership Interest  
 Salary



- Gratuity
- Gift
- Donation
- Compensated travel (domestic and/or international)
- Remuneration for services rendered (research or academic)
- Other

What is the purpose and value of the **financial interest**:

Describe the activity (include **entity** role as applicable):

Do you have a foreign bank account that is tied to your compensated **outside activity**?:

- Yes  No

[Add/Save Response](#)

**12b. Do you engage in an uncompensated [outside activity](#)(ies) with a [foreign entity](#) that relates to your [UCF area of expertise](#)? Answer "no" if you do not engage in a uncompensated [outside activity](#)(ies) with a [foreign entity](#) that relates to your [UCF area of expertise](#) or if your [outside activity](#) is identified as a reporting exclusion in the [Outside Activity](#), [Financial Interest](#) and [Potential Conflict Disclosure Matrix](#).**

Response:  Yes  No

**Entity Name:**

 [Entity Lookup](#)

Name the country of origin:

**Entity Type** (select all applicable):

- Academic Institution
- Publicly Traded
- Privately Held
- Government
- Individual

Describe the activity (include **entity** role as applicable):

[Add/Save Response](#)

**12c. Do you participate in a [foreign government talent or recruitment program](#)?**

Response:  Yes  No

**Entity Name:**

 [Entity Lookup](#)

Name the country of origin:

**Entity Type** (select all applicable):

- Academic Institution
- Publicly Traded
- Privately Held
- Government
- Individual

Have you received or will you receive any of the following **financial interests** due to your participation in this program (select all applicable):

- Stock/Equity/Ownership Interest
- Salary
- Gratuity
- Gift

- Donation
- Compensated travel (domestic and/or international)
- Remuneration for services rendered (research or academic)
- Other
- N/A

What is the purpose and value of the [financial interest](#):

Describe your role in the program:

Do you have a foreign bank account that is tied to your participation in a foreign talent or recruitment program?:

Yes  No

Add/Save Response

12d. Do you have a [financial interest](#) with a [foreign entity](#) that has not already been disclosed in 12(a)-(c)? Answer "no" if you do not have any additional [financial interests](#) to disclose or if the [financial interest](#) is identified as a reporting exclusion in the [Outside Activity, Financial Interest and Potential Conflict Disclosure Matrix](#).



Response:  Yes  No

[Entity](#) Name:

[Entity Lookup](#)

Name the country of origin:

[Entity](#) Type (select all applicable):

- Academic Institution
- Publicly Traded
- Privately Held
- Government
- Individual

Identify the [financial interest](#)(s) you have or will receive from this [foreign entity](#) (select all applicable):

- Stock/Equity/Ownership Interest
- Salary
- Gratuity
- Gift
- Donation
- Compensated travel (domestic and/or international)
- Remuneration for services rendered (research or academic)
- Other

What is the purpose and value of the [financial interest](#):

Describe the activity (include [entity](#) role as applicable):

Do you have a foreign bank account that is tied to your compensated [outside activity](#)?:

Yes  No

Add/Save Response