

Conflict of Interest & Commitment System

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Potential Outside Activity, Employment, and Conflict of Interest and Commitment Disclosure (AA-21)



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

Reporting Period: 08/08/2017 - 08/07/2018

Purpose:

The purpose of this disclosure is to ensure that all faculty, executive service, post-doctoral employees, and select individuals identified in university positions of trust, or other employee types engaged in the design, conduct, and reporting of research at UCF have no unresolved conflicts between their primary university commitments and their [outside activities](#), interests, and commitments. 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 conflicts of interest & commitment](#) form 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.

NOTE: All questions in this disclosure form refer to activities planned during this reporting period, August 8, 2017 through August 7, 2018. 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 and Non-Sponsored Research

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 an [investigator](#) financial [conflict of interest](#).

Questions 1, 2, & 3 apply to individuals who meet the definition of investigator, responsible for the design, conduct, and/or reporting of research (regardless of title or position). Will you be an investigator in sponsored or non-sponsored programs or research through UCF during this reporting period?

- Yes (Answer questions 1-3)
- No Skip to question 4

1. Do you ([investigator](#) 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:

- | | | |
|--|---|---|
| <p>Position Type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> President <input type="checkbox"/> Board Member <input type="checkbox"/> Manager/Officer/Partner <p>Type of Compensation and/or Equity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Salary <input type="checkbox"/> Paid authorship <input type="checkbox"/> Stock (publicly traded) | <ul style="list-style-type: none"> <input type="checkbox"/> CEO <input type="checkbox"/> Dir/Chief Research Officer <input type="checkbox"/> Other <ul style="list-style-type: none"> <input type="checkbox"/> Consulting fees <input type="checkbox"/> Stock (non-publicly traded) <input type="checkbox"/> Other ownership interest | <ul style="list-style-type: none"> <input type="checkbox"/> CFO <input type="checkbox"/> Scientific Advisory Board Member <input type="checkbox"/> Honoraria |
|--|---|---|

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 UCF assigned duties:

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

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"/> Stock (non-publicly traded) | |
| <input type="checkbox"/> Stock (publicly traded) | <input type="checkbox"/> Other ownership interest | |

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

Please describe if the disclosed financial interest is or is not related to your federally funded 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) 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:

[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: 08/08/2017 [] - End Date: 08/07/2018 []

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):

Browse...

Type of resource or service:

Location of resource:

Describe anticipated use:

Hours: [] from Start Date: 08/08/2017 [] End Date: 08/07/2018 []

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: 08/08/2017 [] - End Date: 08/07/2018 []

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:

Hours: from Start Date: - End Date:

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):

Browse...

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 [immediate family](#) member 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 a business [entity](#) 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 [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 of more than 5% in the [Entity](#)?: Yes No


Describe material interest:

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

Family Relationship:

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

Describe employment/contractual relationship:

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

Describe how the activity relates to UCF:

Upload supporting documentation (if any):

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?

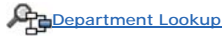


Response: Yes No

First Name: Last Name:

Family Relationship:

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



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: Browse...

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

Add/Save Response

PRINT Name

Date

Save Draft

Submit

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For assistance or questions please contact
Potential Conflict Administration at PCA@ucf.edu