

**Valdosta State University**

**Significant Financial Interest Disclosure Statement**

**Related to Sponsored Programs**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** |  | | **First Name:** | | |  | |  | **Date:** |  |
| **Email:** |  | | |  | **Department:** | |  | | | |
|  |  |  | | | | | | | | |
| **VSU Status:** | *(Check one)* | Faculty  Admin/Prof  Staff  Graduate Student  Undergraduate | | | | | | | | |

**I have completed the required Conflict of Interest training module (available at** [**http://www.citiprogram.org**](http://www.citiprogram.org)**) within the past four (4) years** *(attach completion certificate if completed within the past 12 months)***.**

**I have read and understand Valdosta State University’s procedures for disclosure of Conflicts of Interest (available at** [**http://www.valdosta.edu/academics/graduate-school/research/office-of-sponsored-programs-research-administration/conflict-of-interest.php**](http://www.valdosta.edu/academics/graduate-school/research/office-of-sponsored-programs-research-administration/conflict-of-interest.php)**).**

**I am completing this Disclosure Statement** *(check one)***:**

For the first time as an investigator on a proposal, a new award, or an ongoing sponsored program;

For the most recent calendar year of ;

To report a new significant financial interest not reported in my most recent disclosure statement; or

To report a change in a previously reported significant financial interest (including elimination of the interest)

**My significant financial interests include** *(check yes or no)***:**

|  |  |  |
| --- | --- | --- |
| Yes | No | **Compensation** (including reimbursed or sponsored travel expenses). Have you or a member of your immediate family received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If greater than $5,000, indicate “Yes” and provide further explanation on the second page. |
| Yes | No | **Equity.** Do you or a member of your immediate family own stock or hold stock options with a publicly-traded or privately-owned entity? If greater than $5,000, indicate “Yes” and provide further explanation on the second page. |
| Yes | No | **Intellectual Property.** Do you or a member of your immediate family have rights to and/or receive royalties from intellectual property (including patents, copyrights, and trademarks, but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? This does not include intellectual property owned or managed by Valdosta State University. If “yes,” please furnish information about such intellectual property on the second page. |
| Yes | No | **Role.** Do you or a member of your immediate family serve as a director, trustee, officer, or other key employee in a for-profit corporation, partnership, business, or other entity outside of Valdosta State University? If yes, please provide details about this role on the second page. |
| Yes |  | **Additional page(s) attached** |

**Certification:** I have completed this disclosure to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by VSU to manage any real or perceived financial conflicts of interest. Should my outside financial or managerial interests, or those of my immediate family, change such that what I have reported here no longer holds true, I agree to submit an update to this disclosure within thirty (30) days of the change.

*(Signature and Title) (Date Signed)*

***This page is required only if a Financial Interest Activity is reported on Page 1.***

|  |  |
| --- | --- |
| **Additional information regarding the Significant Financial Interest of (Name):** |  |

Reporting for:  Self  Immediate Family Member (Investigator’s spouse, domestic or civil union partner,

or dependent child *(complete a separate page for each family member)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Relationship: |  |

:

|  |  |
| --- | --- |
| **Name of External Entity:** |  |
| **Address of External Entity:** |  |
|  |  |

**Type of external relationship** *(check all that apply; use additional pages if necessary)***:**

|  |  |  |
| --- | --- | --- |
|  | Consultant (including travel): If total compensation within the previous 12 months exceeds $5,000 | |
|  | Speaker (including travel): If total compensation within the previous 12 months exceeds $5,000 | |
|  | Advisory board member or committee member (including travel): If total compensation within the previous 12 months exceeds $5,000 | |
|  | Equity holdings: If, when aggregated over the previous 12 months, the value exceeds $5,000 | |
|  | Royalty income: If received from an Entity other than VSU that exceeds $5,000 over the previous 12 months | |
|  | Intellectual property rights | |
|  | Governing board member or officer | |
|  | Other - Please describe: | |
| $ | | **Total amount of compensation or value of financial interest reported above** |

|  |  |  |  |
| --- | --- | --- | --- |
| **If travel was paid by the External Entity:** | |  |  |
|  | ***Destination:*** | ***Destination:*** | ***Destination:*** |
|  | ***Amount:*** $ | ***Amount:***  $ | ***Amount:*** $ |
|  | ***Length of trip (days):*** | ***Length of trip (days):*** | ***Length of trip (days):*** |
|  | ***Purpose of trip:*** | ***Purpose of trip:*** | ***Purpose of trip:*** |
|  |  |  |  |
| **Comments and other explanatory information:** | | | |