



TO BE COMPLETED BY EACH PRINCIPAL INVESTIGATOR OR PROJECT DIRECTOR

THE UNIVERSITY OF ALABAMA

STATEMENT OF POTENTIAL CONFLICT OF INTEREST

Annual Certification of Compliance With the Policy for Promoting Objectivity in Research by Managing, Reducing or Eliminating Financial Conflict of Interest

Name: _____

Title: _____

Department(s)/Unit: _____

Campus Telephone Number: _____ E-Mail Address: _____

The following questions apply to your current situation. If there are any changes during the current fiscal year (i.e., October 1 through the following September 30) you must resubmit this form with the new information. **If you answer yes to any of the questions below, provide an attached detailed and thorough written description and explanation.**

1. Do you or members of your immediate family (i.e., spouse, or dependent children as defined by the Internal Revenue Service) have an equity interest (5% or more ownership) in a company, enterprise or entity?

Yes _____ (If yes, attach a detailed description and explanation of the level of equity for you and all family members involved)

No _____

2. Do you currently conduct internally or externally sponsored research or are you supported by a grant or contract the outcome of which could effect the interests of a company, enterprise or entity in which you (or members of your immediate family) an equity interest, have employment or consulting arrangements and/or other financial interests?

Yes _____ (If yes, attach a detailed description and explanation)

No _____

3. Do you currently have internally or externally sponsored research or are you supported by a grant or contract where you (or members of your immediate family) have: (check all that apply)

_____ employment or consulting arrangements with the sponsor of the research

_____ financial interest with or in the sponsor of the research

_____ financial interest with or in a subcontractor/subawardee to the grant

_____ financial interest with a vendor

_____ financial interest with a research collaborator

If your checked any statement above, please attach a detailed description and explanation)

No _____

4. Do you currently have gifts, cash, or property which directly support your teaching or research activities from a company, enterprise or entity in which you (or members of your immediate family) have an equity interest, employment or consulting arrangement and/or other financial interests?

Yes _____ (If yes, attach a detailed description and explanation)

No _____

5. Does the University currently have a technology licensing arrangement with a company, enterprise or entity for which you (or your immediate family members) have equity interest, employment or consulting arrangements and/or other financial interests?

Yes____ (If yes, attach a detailed description and explanation or attach your UA Conflict of Interest Management Plan (STTR/SBIR and/or Standard)

No____

6. If you answered yes to any question, please describe in an attachment the involvement, if any, of any UA students or post-docs in your research.

7. If you answered yes to any question above, please describe in an attachment the involvement, if any, of human subjects in your research.

Certification

In submitting this Statement, I certify that the above information is true to the best of my knowledge and I have read and understand the University of Alabama's Conflict of Interest Policy, Ethics Policy, and Faculty or Staff Outside Employment Policy. I certify that I have disclosed all potential financial and commitment interests as required by all UA policies, including these policies. I agree to comply with provisions of UA policies to immediately report changes in my Financial Interests. Furthermore, I agree to comply with conditions or restrictions imposed by UA to manage, reduce or eliminate actual or potential conflicts of interest. **All statements made in this Statement of Interest Certification of Compliance With the Policy for Promoting Objectivity in Research by Managing, Reducing or Eliminating Conflict of Interest are made with the knowledge that willful false statements and the like with regards to a matter under the jurisdiction of any federal entity are punishable by fine or imprisonment, or both under 18 U.S.C. § 1001.**

Signature: _____ Date: _____
Investigator

Signature: _____ Date: _____
Department Chairperson

Completed Statement must be submitted to the University's Research Compliance Officer.

Signature: _____ Date: _____
Research Compliance Officer

Signature: _____ Date: _____
Associate Vice President for Research

Upon completion, please submit to the Research Compliance Office, Office for Research, 152 Rose Administration Bldg., Box 870104.

Please address any questions concerning this Statement to the University Research Compliance Officer.