

CONFLICT OF INTEREST DISCLOSURE FORM

DHHS/PHS/NIH Funding Source

Please complete this form and submit it via interdepartmental mail to the CSUSM Corp Sponsored Projects Administrator.

Investigator Name: _____ Department/College: _____

Project Title: _____

Proposed Sponsor: _____

Check appropriate box:

I have no significant financial interests related to my institutional responsibilities. **If you have checked this box, skip to "Investigator Certification".**

I am disclosing the following significant financial interests related to my institutional responsibilities.
(Responses should include the investigator, his/her spouse, and any dependent children.)

Name of Entity (indicate public traded or non-public traded): _____

Please check one - Entity is publically traded Entity is non-publically traded

Address of Entity: _____

Principal Type of Business: _____

1. Are you a director, officer, partner, trustee or employee of the entity? Yes No
2. Have you received in the last 12 months or expect to receive in the next 12 months salary, consulting fees and/or other payments in excess of \$5,000 from the entity? Yes No
3. Do you have an equity investment of \$5,000 or more in the publically traded entity? Yes No
4. Do you have an equity position in the non-publically traded entity? Yes No
5. Do you have an interest in any intellectual property rights belonging to the entity? Yes No
6. Have you received travel reimbursement from the entity? If "yes", attach detail including purpose, destination, etc. Yes No

Investigator Certification:

- Please check one - I will complete the required training prior to the project start. I have completed the required training prior (certification attached).
- I agree to update this disclosure either on an annual basis, or as new reportable significant financial interests are obtained.
- I agree to cooperate in the development of a Resolution Plan to address any actual or potential conflict of interest identified via this Disclosure.
- I agree to comply with any conditions or restrictions imposed by Cal State San Marcos/CSUSM Corp to manage, reduce, or eliminate actual or potential conflicts of interest or forfeit the award.

Signed: _____ Date: _____

Investigator

FOR CSUSM CORP OFFICE OF SPONSORED PROJECTS USE ONLY

- No further review required. The investigator discloses no financial interest specific to this project.
- Refer to AVPR/CIRC for review. Date: _____.
- CIRC determined no significant financial interest. Date: _____.
- CIRC recommended Resolution Plan. Date: _____.