

**FAYETTEVILLE STATE UNIVERSITY
PUBLIC HEALTH SERVICE (PHS) DISCLOSURE FORM**

Investigator	
School/College/Center	
Principal Investigator of Record	
Project Title	
PHS Sponsor	

Do you (or your spouse or dependent children) have a Significant Financial Interest consisting of one or more of the following that reasonably appears to be related to your University's responsibilities. (Please see the University's policy on *Financial Conflicts of Interest* for definitions.)

Yes NO (If Yes, please check all that apply)

- Remuneration from a publicly traded entity exceeding \$5,000.00 in the twelve months preceding this disclosure. Remuneration includes *salary* and *any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest* includes *any stock, stock option, or other ownership interest..*
- Remuneration from a privately held entity exceeding \$5,000.00 or any equity interest (*e.g., stock, stock option, or other ownership interest*)
- Intellectual Property Rights (*e.g., patents, copyrights or royalties from such rights*)
- Travel Reimbursements (Does not apply to travel that is reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education (as defined at 20 U.S.C. 1001(a)), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

A written explanation of each Significant Financial Interest must accompany this form. Submit this form and the documentation to the Research Compliance Officer in a sealed envelope marked Confidential. This documentation must be submitted

DISCLOSURE CERTIFICATION

In submitting this form, I certify that the above information is true to the best of my knowledge and that I have read and understand the University's policies governing conflicts of interest. Further I agree to the following:

- To provide additional information or supporting documentation, if requested;
- To update this disclosure during the period of the award should any new reportable Significant Financial Interest be obtained; and
- To comply with any conditions or restrictions imposed by the University to manage, reduce or eliminate actual or potential conflicts of interest or forfeit the award

Signature _____ Date _____