

UNIVERSIDAD CENTRAL DEL CARIBE

DISCLOSURE FORM

Disclosure

The purpose of this document is to assist in the determination of whether restrictions, oversight, or other conditions might be advisable prior to the University's acceptance of a sponsored award or the completion of a technical transfer agreement. Disclosure forms are to be forwarded to the Office of the Associate Dean for Research and Graduate Studies (OADRGS).

Section A

Significant Financial Interests in a Sponsored Project

A.1.

Do you personally have an **ownership interest in the sponsor** of any project consisting of (a) stock with a current market value of more than \$5,000. Include those cases in which a company is not listed on a stock exchange. (Do not report holdings in mutual funds or TIAA/CREF).

NO _____ YES (please describe) _____

A.2.

Do you, your spouse, and/or your dependents, in the aggregate, have ownership interests (stock, stock options, and/or any debt, securities or capital holding) that have a current market value of \$5,000 or more or hold any equity in any outside entity **related to** the proposed sponsored project? (Do not report holdings of mutual funds or TIAA/CREF). An entity **related to** the sponsored project would include any:

- supplier of equipment, materials or services related to the research;
- business commercializing a product that the research is intended to evaluate or further develop; or,
- party whose financial interests would seem to be directly and significantly affected by the research.

NO _____ YES (please describe) _____

A.3.

Are you an employee, officer or director to the sponsor of the project?

NO _____ YES (please describe) _____

A.4.

Do you, your spouse and/or your dependents, in the aggregate, receive salary or other remuneration or financial considerations equal to or more than \$5,000 per year as an employee, consultant, officer, or board member of any entity **related to** the project?

An entity **related to** the project includes any:

- supplier of equipment, materials or services related to the research;
- business commercializing a product that the research is intended to evaluate or further develop; or,
- party whose financial interests would seem to be directly and significantly affected by the research.

NO _____ YES (please describe) _____

Section B
Significant Financial Interests in a Technology Transfer Agreement

B.1.

Do you personally have an ownership interest (equity share or stock in the entity with which the University is negotiating a technology transfer agreement consisting of (a) stock with a current market value of more than \$5,000 (Do not report holdings in mutual funds or TIAA/CREF).

NO _____ YES (please describe) _____

B.2

Are you an employee, officer or director to the entity with which the University is negotiating a technology transfer agreement?

NO _____ YES (please describe) _____

B.3.

Do you, your spouse, or your dependents have any other ownership, managerial relationships with the entity with which the University is negotiating a technology transfer agreement that you wish to volunteer and submit for review and evaluation in order to forestall future criticism of the objectivity of your research?

NO _____ YES (please describe) _____

UNIVERSIDAD CENTRAL DEL CARIBE

DISCLOSURE FORM Reimbursed or Sponsored Travel

Disclosure

The Public Health Service requires that you disclose any reimbursed or sponsored travel related to institutional responsibilities (including purpose of trip, sponsor, destination and duration), except travel reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. UCC will determine if any travel requires further investigation, including determination or disclosure of the monetary value.

This document must be completed and please return to the Office of the Associate Dean for Research and Graduate Studies (OADRGS). If you require additional space to list your reimbursed or sponsored travel, please attach additional pages.

Traveler's Name: _____

Position: _____

Department: _____

Legal name of the entity that reimbursed or sponsored the travel:

Purpose of travel: _____

Destination: _____

Dates of travel: _____

Approximate monetary value: _____

Briefly describe the activity or activities of the entity: _____

Describe the relationship of travel to institutional responsibilities: _____

Nature of reimbursed or sponsored travel expenses (e.g. transportation, hotels, meals, entertainment):

Signature

Date

CERTIFICATION

I have read and understood the University's Research Conflicts of Interest Policy and to the best of my knowledge have made all required financial disclosures.

I will comply with any conditions or restrictions imposed by the University regarding conflicts of interest.

Should my outside financial or managerial interests, or those of my spouse and/or dependents, change during the next calendar year so as to change my response to any of the above questions, I agree to submit a revised DISCLOSURE and CERTIFICATION.

Signature: _____ Date: _____

Printed Name: _____

This disclosure is related to sponsored project _____.
(Specify)

This disclosure is related to technology transfer agreement _____.
(Specify)

This disclosure is related to reimbursed or sponsored travel _____.
(Specify)

OADRGs

Approved by:

Name

Signature

Date: _____