



Universidad Central del Caribe
Office of the Associate Dean for Research and Graduate Studies

Significant Financial Interest Disclosure & Certification Form

42 CFR Part 50 Subpart F – Title 42: Public Health; Part 50: Policies of General Applicability; Subpart F: Promoting Objectivity in Research

Purpose:

This form is intended to identify and disclose any financial, personal, or professional relationships or interests that could be perceived as a conflict of interest related to your role or responsibilities within Universidad Central del Caribe. Significant Financial Interest disclosure form must be completed annually during the period of award (September 15), no later than at the time of application for NIH-funded research, and within thirty (30) days of discovering or acquiring any new SFI and must be forwarded to the Office of the Associate Dean for Research and Graduate Studies (OADRGS).

Date of this Disclosure: _____

_____ **Initial Disclosure** _____ **Annual Disclosure** _____ **New SFI Disclosure**

Personal Information:

Name: _____ Position/Title: _____ Department: _____

Sponsor: _____ Grant #: _____

Role on the Project: _____ Project Period: _____

Project Title: _____

Definitions	
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 options, or other ownership interest as determined through reference to public prices or other reasonable measures of market value.
Intellectual property rights and interests (e.g., patents, copyrights)	upon receipt of income related to such rights and interests (e.g., royalties) not from the recipient Institution.
Institutional Responsibilities	Professional responsibilities an Investigator performs on behalf of the applicant and/or recipient Institution, which may include, for example, activities such as research, research consultation, research publication, teaching, professional practice, institutional committee memberships, and service.
Foreign Financial Interest	Investigators must disclose all financial interests originating outside the United States, including income from seminars, lectures, teaching engagements, service on advisory committees or review panels, and reimbursed or sponsored travel, received from any foreign entity. This includes foreign institutions of higher education and foreign governments (including local or provincial governments)

Instructions:

Disclose all domestic and foreign Significant Financial Interests (SFI) (including those of your spouse and dependent children) that reasonably appear to be related to your **institutional responsibilities** (i.e., SFI disclosure is not limited to your research responsibilities nor your NIH-funded research) per the categories and dollar thresholds provided below:

ANSWER THE FOLLOWING QUESTIONS	Yes	No
<p>SFIs RELATED TO A PUBLICITY TRADED ENTITY - Have you, your spouse and dependent children received any <i>remuneration</i> over the preceding 12 months and hold any <i>equity interest</i> in a publicly traded entity as of the date of disclosure, that when the values are aggregated, exceeds \$5,000?</p> <p>If “yes”, provide the following information for each entity in which an SFI is identified:</p> <ul style="list-style-type: none">• Value of SFI or indication that value cannot be readily determined: _____• Entity Name as it appears on the entity’s public website: _____• Nature of the SFI (e.g., salary, consulting fees, honorarium, paid authorship, payment for services, equity interest, etc): _____	<input type="checkbox"/>	<input type="checkbox"/>
<p>SFI RELATED TO A NON-PUBLICITY TRADED ENTITY - Have you, your spouse and dependent children received any <i>remuneration</i> over the preceding 12 months that <i>exceeds \$5,000</i> and hold <u>any</u> <i>equity interest</i> in a non-publicly traded entity as of the date of disclosure?</p> <p>If “yes”, provide the following information for each entity in which an SFI is identified:</p> <ul style="list-style-type: none">• Value of SFI or indication that value cannot be readily determined: _____• Entity Name as it appears on the entity’s public website: _____• Nature of the SFI (e.g., salary, consulting fees, honorarium, paid authorship, payment for services, equity interest, etc): _____	<input type="checkbox"/>	<input type="checkbox"/>
<p>SFI RELATED TO INTELLECTUAL PROPERTY- Have you, your spouse and dependent children received income related to intellectual property rights and interests (e.g., patents, copyrights) that exceed \$5,000 during the 12 months preceding the disclosure?</p> <p>If “yes”, provide the following information for each intellectual property that is identified:</p> <ul style="list-style-type: none">• Description of Intellectual Property: _____• Date acquired: _____• Value: _____• Type (e.g., licensing, royalties, etc.): _____	<input type="checkbox"/>	<input type="checkbox"/>

<p>SFI RELATED TO REIMBURSED OR SPONSORED TRAVEL - Have you, your spouse, and dependent children received any reimbursed or sponsored travel that exceeds \$5,000 over the preceding 12 months from an entity that is related to your <i>institutional responsibilities</i> performed on behalf of the applicant and/or recipient Institution?</p> <p>As part of the travel disclosure, provide the following information for each entity in which reimbursed or sponsored travel is identified unless travel is received from a federal, state, or local government agency located in the United States, a United States Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with a United States Institution of higher education:</p> <ul style="list-style-type: none"> • Value of the reimbursed or sponsored travel: _____ • Purpose of the trip: _____ _____ • Identity of the sponsor/organizer: _____ • Destination: _____ • Duration: _____ 	<input type="checkbox"/>	<input type="checkbox"/>
<p>Do you have any other employment, appointments or hold any position, board memberships, or consulting roles outside of your role with UCC? Do any outside entities support your research or other sponsored activity?</p> <p>If “yes”, provide the following information:</p> <ul style="list-style-type: none"> • Name of the outside entity: _____ • Role or position: _____ • Briefly summarize how your involvement with the outside entity reasonably appears to be related to you institutional responsibilities: _____ 	<input type="checkbox"/>	<input type="checkbox"/>
<p>SFI RELATED TO FOREIGN – You, your spouse, and dependent children participating in the Malign Talent Recruitment Program or Other Foreign Government Sponsored or Affiliated Activity sponsored by a foreign country?</p> <p>Foreign countries of risk currently include Iran, North Korea, Russia, China, Cuba, Venezuela, but are subject to change.</p> <p>If “yes”, provide the following information:</p> <ul style="list-style-type: none"> • Name of the foreign entity: _____ • Country: _____ • Summary of your participation: _____ 	<input type="checkbox"/>	<input type="checkbox"/>

