

CONFIDENTIAL

Worcester Polytechnic Institute
Academic Staff
Conflict of Interest Disclosure

Name _____ Title and Rank _____

Department _____ Sponsor _____

Proposal Title _____

PI Name (if not same as above) _____ Expected Submission Date _____

Part I Conflict of Interest Screening Questions (For yes answers, please list and explain in an attached statement)

1. Do you have a consulting or other financial relationship with a sponsor of your research? ____ yes ____ no
2. Do you have a managerial role or a significant¹ financial relationship with a company in a field of your research or a company that does business with the University? ____ yes ____ no
3. Do you have non-university professional or income-producing activities involving either WPI students or other staff? ____ yes ____ no
4. Do you or any member of your immediate family have any other relationships, commitments, or activities that might represent or appear to present a conflict of interest or commitment with your WPI appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. ____ yes ____ no

Part II Listing of Significant Financial Interests

Please list non-University income-producing activities including, but not limited to, salary or other payments for services, equity interests in excess of \$10,000 or 5% ownership, and intellectual property rights (see Explanation and Instructions for detailed requirements and exclusions). Please report only the activities. Your department head will seek additional information, as necessary.

Activity/Interest

For Whom

Part III Affirmation

I affirm that the above information is true to the best of my knowledge and that I have read the *Conflict of Interest Policy*²

Academic Staff Member's Signature _____ Date _____

(Please submit to your department head for administrative approval)

Administrative Review and Approval

If No Activity is Reported:

____ No activity is reported and, to the best of my knowledge, no conflict of interest or commitment exists.

(Sign form and return to investigator)

If Any Activity is Reported: (Please complete the Conflict of Interest/Commitment Review and sign below)

Conflict of Interest/Commitment Review

Based on the activity reported and, to the best of my knowledge and in my judgment:

- a) ____ No conflict of interest or commitment exists.
- b) ____ A conflict of interest or commitment may exist, but does not appear to be significant.
(If so, please attach an explanation and forward to the Office of Research Administration)
- c) ____ A conflict of interest or commitment that warrants further review may exist.

Please complete if question 3 on this form is answered in the affirmative:

As described by the academic staff member, the involvement of WPI students and/or staff in his/her non-university activities does not appear to be detrimental to those individuals.

- a) ____ Agree b) ____ Disagree *(If so, please attach an explanation and forward to the Office of Research Admin.)*

Department Head Signature _____ Date _____

¹The NSF and PHS consider an ownership interest of more than 5% by you or members of your immediate family to be a significant conflict in purchasing decisions; this may differ in other situations.

²Copies of the *Conflict of Interest Policy* may be obtained from your department office or the Office of Research Administration.