

Please read the Davidson College Financial Conflict of Interest policy prior to completing this form:

Investigator name:	
Email address:	
Department:	
Proposal title:	
Sponsoring agency:	
Role on project:	

Check all Significant Financial Interests, related to the research, that apply to you or your family:

<input type="checkbox"/>	Payment of \$5,000 or more, including salary, consulting fees, royalty or licensing payments from intellectual property, honoraria, reimbursed or sponsored travel expenses, and/or gifts received within the past 12 months or anticipated over the next 12 months (excluding salary, grant support, and other payments for services from Davidson College);
<input type="checkbox"/>	Equity or ownership interest (including stock options) of more than 1% of the entity, or worth \$5,000 or more as determined by reference to its publically listed price (excluding mutual funds);
<input type="checkbox"/>	Any equity or ownership interest, if the value cannot be determined by reference to publically listed prices (privately held companies, for example, start-up companies);
<input type="checkbox"/>	A position as director, officer, partner, trustee, employee, or any other position of management;
<input type="checkbox"/>	Patent rights, or royalties from such rights, whose value may be affected by the outcome of the research, including royalties under any royalty-sharing agreements involving Davidson College;
<input type="checkbox"/>	Any combination of remuneration, fees, royalties, or honoraria which exceeds \$5,000, received within the past 12 months or anticipated for the next 12 months when aggregated, from an entity whose products or services are used or studied in the research or who are developing products or services that the research is intended to study or evaluate; or
<input type="checkbox"/>	Any compensation whose value could be affected by the outcomes of the research.
<input type="checkbox"/>	Describe perceived conflict of interest: <i>Entity name, nature of conflict, financial interest value:</i>
<input type="checkbox"/>	None of the above.

<b>CERTIFICATION</b>	
I certify that:	
<input type="checkbox"/>	All <b>Significant Financial Interests</b> meeting the criteria above have been disclosed.
<input type="checkbox"/>	I am aware and understand that I have an ongoing responsibility to update my report immediately upon any change in outside financial activities that are related to this research project. Additionally, if I am Principal Investigator for this research project, I understand that it is my responsibility to ensure that other members of the research team update their disclosures on an ongoing basis as their circumstances change.
<input type="checkbox"/>	I have read and understand Davidson College policies regarding financial conflict of interest disclosure.
<input type="checkbox"/>	To the best of my knowledge, I, my spouse, domestic partner and/or dependent children are in compliance with federal regulations concerning disclosure of activities and financial interests.
<input type="checkbox"/>	I have completed the <a href="#">NIH Office of Extramural Research Financial Conflict of Interest tutorial</a> .
_____	_____
<b>Investigator Signature</b>	<b>Date</b>