

**UNIVERSITY OF CENTRAL FLORIDA
POTENTIAL OUTSIDE ACTIVITY, EMPLOYMENT, AND CONFLICT OF INTEREST AND COMMITMENT DISCLOSURE (AA-21)**

Reporting Period: 08/08/2015 - 08/07/2016

Purpose:

The purpose of this disclosure is to ensure that all faculty, executive service, post-doctoral employees, and select individuals identified in university positions of trust, or other employee types engaged in the design, conduct, and reporting of research at UCF have no unresolved conflicts between their primary university commitments and their [outside activities](#), interests, and commitments. This disclosure conforms with [Florida Statutes](#); policies of the Board of Governors (BOG) and the University of Central Florida (UCF); provisions of the Board of Trustees-United Faculty of Florida [Collective Bargaining Agreement](#); and current [federal guidelines](#). This disclosure establishes specific facts to help your supervisor and other appropriate university officials determine whether a potential conflict exists so they can manage or eliminate the conflict when possible. If a conflict is identified by your supervisor or other appropriate university officials, you will be notified and the conflict must be resolved.

Procedure:

This form must be completed at least annually, regardless of whether or not there are any [outside activities](#), interests, or commitments to report. Failure to disclose the required information in a timely fashion is insubordinate and subject to disciplinary action up to termination of your employment with the university. **An amended disclosure form must be submitted at any subsequent point during the reporting period that it becomes necessary to disclose any new or anticipated [outside activity](#), interest, or commitment expected to occur during that reporting period.** Timely and complete disclosure of [outside activities](#) and [potential conflicts of interest and commitment](#) protects you from suspicion and accusations of noncompliance. Information on policies, regulations, and requirements, as well as directions for completing the [potential conflicts of interest & commitment](#) form and the review process, is available on the [University Compliance, Ethics and Risk Office](#) website. A list of [definitions](#) for some of the terms referenced below is available by selecting the linked words. For assistance you may also contact the Potential Conflicts Administration email, PCA@ucf.edu.

NOTE: All questions in this disclosure form refer to activities planned during this reporting period, August 8, 2015 through August 7, 2016. An amended disclosure form must be submitted at any subsequent point during the reporting period to disclose new or anticipated [outside activities](#), interests, or commitments expected to occur during that reporting period. All [outside activities](#) must be submitted for review and approval in advance of engaging in the [outside activity](#). For each question answered "Yes", all sub-questions that appear are required and must be answered. Upon answering all sub-questions, use the "Add/Save Response" button to submit your answers to the question. Multiple responses may be submitted to each question.

Sponsored and Non-Sponsored Research

The university promotes objectivity in research by establishing policies and procedures that provide a reasonable expectation that the design, conduct, and reporting of research will be free from bias resulting from an [investigator](#) financial [conflict of interest](#). Questions 1, 2 & 3 apply to an [investigator](#) planning to participate (proposal application) in or is engaged in the design, conduct, and/or reporting of the research.

Do you plan to engage in sponsored or non-sponsored programs or research through UCF during this reporting period?

Yes (Answer questions 1-3)

No Skip to question 4

1. Will you or your [immediate family](#) be compensated by, or have an ownership or equity interest in, an [entity](#) that is related to your responsibilities at UCF ([institutional responsibilities](#)), that when aggregated, equals or exceeds \$5,000? [See [reporting exclusions](#)] (*New employees should report compensation and/or equity interests received in the last 12 months and during the current reporting period.*)

Response: Yes No

Entity Name:  [Entity Lookup](#)

Party: Self Immediate Family Member Both Self & Immediate Family Member

Self:

Position Type:	President	CEO	CFO
	Board Member	Dir/Chief Research Officer	Scientific Advisory Board Member
	Manager/Officer/Partner	Other	
Type of Compensation and/or Equity:	Salary	Consulting fees	Honoraria
	Paid authorship	Stock	
	Stock Options	Other ownership interest	

Hours: from Start Date:  - End Date: 

Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your UCF assigned duties:

Will compensation for services be provided by the sponsor of a [covered clinical study](#)?: Yes No


Describe [in detail](#) your role and responsibilities with the [entity](#):

Immediate Family Member:

Family Relationship:

Position Type:	President	CEO	CFO
	Board Member	Dir/Chief Research Officer	Scientific Advisory Board Member
	Manager/Officer/Partner	Other	
Type of Compensation and/or Equity:	Salary	Consulting fees	Honoraria
	Paid authorship	Stock	
	Stock Options	Other ownership interest	

Add/Save Response

2. Will you be reimbursed, either directly or on your behalf, by a non-UCF [entity](#) to travel for an [outside activity](#) that relates to your responsibilities at UCF ([Institutional responsibilities](#)), that when aggregated per [entity](#), equals or exceeds \$5,000? [See [reporting exclusions](#)] (New employees should report the value of travel (paid directly to you or on your behalf) in the last 12 months and during the current reporting period.) 

Response: Yes No

Entity Name:  [Entity Lookup](#)


Destination:

Duration:

Travel Purpose:

Estimated cost of travel: \$

Add/Save Response

3. Will you or your [immediate family](#) receive income related to non-UCF intellectual property rights (e.g., patents, copyrights, trademarks), that when aggregated, equals or exceeds \$5,000? [Do not report royalties or compensation from UCF. See [reporting exclusions](#)] (New employees should report intellectual property rights received in the last 12 months and during the current reporting period.) 

Response: Yes No

Entity Name:  [Entity Lookup](#)

Party: Self Immediate Family Member Both Self & Immediate Family Member

Self:

Identify type of IP:	Patents	Royalties	Copyrights
	Royalty Options	Option to receive Intellectual Property rights	Trademark

Describe [in detail](#) your role and responsibilities with the [entity](#):

Family Member Relationship:

Identify type of IP:

Patents
Royalty Options

Royalties
Option to receive Intellectual Property rights

Copyrights
Trademark

[Immediate Family](#) Member:

Add/Save Response

Use of UCF Students, Personnel, or Other University Resources (e.g., equipment, facilities, supplies) in [Outside Activities](#)

4. Do you or an [immediate family](#) member intend to use the services of UCF students or personnel for whom you have supervisory or evaluative responsibilities at UCF to carry out an [outside activity](#)?



Response: Yes No

First Name:

Last Name:

Supervisory/Evaluative Role:

Proposed Use:

Is usage related to an [outside activity](#) with a non-UCF [entity](#)?:

Yes No

Entity Name: [Entity Lookup](#)

Hours:

from Start Date:



- End Date:



Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties:


Add/Save Response

5. Do you intend to use UCF resources (e.g., equipment, facilities, supplies) or services (including information technology resources) in carrying out any [outside activity](#)?



Response: Yes No

Department/Unit:

 [Department Lookup](#)

Upload Documentation or Approved Agreements (if any):

no file selected

Type of resource or service:

Location of resource:

Describe anticipated use:

Hours:

from Start Date:



End Date:



Is usage related to an [outside activity](#) with a non-UCF [entity](#)?:

Yes No

Is there a lease agreement in place with UCF?: Yes No

Entity Name:  [Entity Lookup](#)

Add/Save Response

Other Activities, Interests and Commitments

6. Will you hold or do you expect to run for [political office](#)?



Response: Yes No

Political Office:

Describe Political Activity:

Hours:

from Start Date:



- End Date:



Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties:

Campaigning Activities:

Add/Save Response

7. Do you intend to engage in any teaching activity external to UCF (e.g., courses, workshops, lectures, training)?



Response: Yes No

Entity Name:

 [Entity Lookup](#)

Course/Activity Name:

Instructional Method:

Face-to-face
Web-based
Video streaming
Other

Is this a compensated activity?:

Yes No

Description:

Upload syllabus:

no file selected

Hours:

from Start Date:



- End Date:



Indicate the time(s) of the day, week, or month when this activity occurs and how:

Add/Save Response

8. Do you require students to purchase works used in your classroom that you or your [immediate family](#) authored or co-authored (e.g., textbook(s), computer software, electronic or digital media) and for which you will receive, or anticipate receiving payment, loan, subscription, advance, deposit of money, service, or anything of value? Or, does your spouse require students to purchase works used in their classroom that you authored or co-authored?



Response: Yes No

Publisher, Distributor or Entity Name:

 [Entity Lookup](#)

Title and Type of Product:

Provide ISBN, ASIN, UPC, EAN, or any other product identification number: If not available or content requires electronic subscription, indicate all authors/contributors listed on product, URL, edition number, copyright date, published date, and information necessary to identify the product.

Describe what you will do with the income. (Royalties and Donation Form required for donations of royalties):

Upload [Royalties and Donation Form](#) (if any): no file selected

[Add/Save Response](#)

Florida State [Conflict of Interest](#) Standards of Conduct

Florida State [conflict of interest](#) statutes ([FS 112.311](#)) requires that no employee shall have any interest, financial or otherwise, direct or indirect; engage in any business transaction or professional activity; or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties in the public interest. In concert with the [Florida Statute](#) please answer the following Standards of Conduct ([FS 112.313](#)) questions:

9. In your official capacity at UCF, will you either directly or indirectly purchase goods or services from, or provide services or subcontract to any [entity](#) in which you or your [immediate family](#) are an officer, partner or proprietor, have a [material interest](#) or hold any employment or contractual relationship with? You must report proposed subcontract SBIR/STTR sponsored funding activity to the university from any entities owned or managed by you and/or your [immediate family](#) members. i

Response: Yes No

[Entity](#) Name:  [Entity Lookup](#)

License agreement: Yes No

Sponsoring your UCF research: Yes No

Intellectual property rights: Yes No

Is the IP owned by UCF?: Yes No

Are you an officer, partner, director or proprietor of the [entity](#)? Yes No

Position Held:

Is your [immediate family](#) member an officer, partner, director or proprietor of the [entity](#)?: Yes No

Position Held:

Family Relationship:

Do you or your [immediate family](#) have a [material interest](#)?: Yes No

Describe [material interest](#):

Party: Self Immediate Family Member Both Self & Immediate Family Member

Family Relationship:

Do you or your [immediate family](#) hold any employment or contractual relationship with the [entity](#)?: Yes No

Describe contractual relationship:

Party: Self Immediate Family Member Both Self & Immediate Family Member


Family Relationship:

In accordance with [FS 112.313\(12\)\(a\) - \(j\) exemptions](#), are you exempt?: Yes No

Submit your [request for exemption](#) in accordance with [Florida Statutes](#) 112.311-313, Title 42, CFR, Part 50.604

Exemption Form: **no file selected**

[Add/Save Response](#)

10. Will you perform an [outside activity](#) in excess of your assigned UCF responsibilities (e.g., serving as a consultant or contractor, board member, expert witness, company officer, etc.) that you have not already reported in an earlier question? 

Response: Yes No

Entity Name:  [Entity Lookup](#)

Describe Activity:


In the capacity for which you perform this activity, will you have any connection back to the university (e.g. you consult or contract with an [entity](#) also performing services to UCF)?:

Yes No

Describe how the activity relates to UCF:

Upload supporting documentation (if any): **no file selected**

Is this a compensated activity?: Yes No

Hours: from Start Date:  - End Date: 

Indicate the time(s) of the day, week, or month when this activity occurs and how the described activity interacts with your assigned duties:

Sponsoring your UCF research: Yes No

Intellectual property rights: Yes No

Is the IP owned by UCF?: Yes No

License agreement: Yes No

Are you an officer, partner, director or proprietor of the [entity](#)? Yes No

Position Held:

Is your [immediate family](#) member an officer, partner, director or proprietor of the [entity](#)? Yes No

Position Held:

Family Relationship:

Do you or your [immediate family](#) have a [material interest](#)? Yes No

Describe [material interest](#):

Party: Self Immediate Family Member Both Self & Immediate Family Member

Family Relationship:

Do you or your [immediate family](#) hold any employment or contractual relationship with the [entity](#)? Yes No

Describe contractual relationship:

Party: Self Immediate Family Member Both Self & Immediate Family Member

Family Relationship:

Add/Save Response

11. Are any of your [relatives](#) employed by, or plan to work for UCF?



Response: Yes No

First Name:

Last Name:

Family Relationship:

UCF Department where the [relative](#) works or intends to work:

[Department Lookup](#)

Is [relative](#) currently employed with UCF?: Yes No

UCF email address:

Does or will a direct or indirect [supervisory relationship](#) exist?: Yes No

Upload [Employment of Relatives](#) form: no file selected

Add/Save Response

I certify that the statements and disclosures I have provided in this form are current, accurate, and complete, and I understand that any false or misleading representations may result in disciplinary action up to and including termination of my employment. I further certify that I have informed all non-UCF entities where I am engaged in an outside activity that I participate in the activity as a private citizen, and not as an employee, agent, or spokesperson of UCF.

08/10/2015

PRINT Name

Date