

Request for an Exemption/Disclosure

Under Section 112.313 (12) (h), Florida Statutes

Under Florida law, a University employee is not permitted to have an ownership interest in, or be employed (as a consultant or otherwise) by a business entity contractually supporting the employee's research or teaching activities. Similarly, a University employee may not have an ownership interest in, or be employed by (as a consultant or otherwise), a business entity licensing technology invented by the employee from the University of Central Florida (UCF) or the University of Central Florida Research Foundation (UCFRF). In 1986, in order to facilitate technology transfer and related research, the Florida Legislature passed an exemption to the general law that allows these relationships after approval by authorized University officials and the Chair, Board of Trustees.

Requisite to any approved exemption is the full disclosure of the outside activities and interests involved, which is made in the Potential Conflict of Interest form. If the exemption is granted, a monitoring plan to mitigate potential conflicts is generally required.

If this Exemption is granted, it will become effective on the date this Request for Exemption is approved by the Chair of the University's Board of Trustees and will extend for the term requested.

The exemption will cover only the license and/or research agreements disclosed in this Request for Exemption/Disclosure.

Additional information about the UCF's Conflict of Interest review process, outside activities and financial interests including the need for a request of an exemption (this form) can be found at:

<http://www.coi.ucf.edu/about.html> and at <http://www.coi.ucf.edu/forms.html>

In order to fully evaluate the nature and extent of your proposed relationship with the Business Entity, UCF reviewers need to understand your proposed activities with the Entity, and any proposed relationship between UCF and/or UCFRF and the Entity.

This form contains a set of questions that will facilitate the assessment by UCF's reviewers of your potential conflict of interest. If a question is not applicable, please select "Not Applicable" or "None"

COI Office Use Only: Effective Exp.

Discloser: Please indicate the number of years for which this Exemption is sought between 1-5 years (may not exceed 5 years).

Discloser: Please enter associated PCOI PCR-ID#

Discloser & Entity Name:

Section I. Your Profile and Responsibilities to the University

Name of Employee/Discloser:

Department/Center/Institute:

College/Area:

Campus Address:

Campus Phone:

Campus e-mail address:

Academic Rank (Professor, etc.)

Tenure Status:

Type of appointment (9 or 12 month):

List all positions currently held at UCF:

1. Describe your role and responsibilities at UCF:

(Check and describe all that apply. Check N/A if the activity is not applicable).

UCF Teaching/Instruction: Yes N/A

UCF Research (including area of research): Yes N/A

UCF Service / Administrative: Yes N/A

UCF Clinical: Yes N/A

UCF Other: Yes N/A

2. List UCF employees and students you supervise/advise:

a) Do you supervise any UCF Employees? (don't include students): Yes N/A

b) Do you supervise any Student(s)?: Yes N/A

Section II: Reason for Exemption

Please check all of your Activities and Financial Interest(s) in the Entity:

1. Consulting or employment agreement with outside activity/Entity:

From: to

2. Ownership interest or Equity in the Entity:

Yes N/A

3. Leadership or managerial position(s) (List all positions and/or describe under "Other")

Myself :

CEO CFO CTO Director of Research Member of the Board of Directors

President Scientific Advisory Board Member

Officer: Describe:

Other: Describe:

Immediate Family Member(s):

Identify family member holding leadership or managerial position in the Entity:

Spouse Child Another member of my household

Select Leadership or managerial position(s) assigned to such family member and identify member (if more than one member engaged with Entity, please describe who in the comments section):

CEO CFO CTO Director of Research Member of the Board of Directors

President Scientific Advisory Board Member

Officer: Describe:

Other: Describe:

COMMENTS:

4. Intellectual Property:

Do you have any active or potential UCF Intellectual Property License Agreement(s) with the Entity?
(Includes anticipated license agreements that may be executed within the reporting period)

Yes No

 5. Research Proposals or Agreements:

Are there any current research proposals (i.e. *Pending, Under review*), or agreement(s) (*executed or under negotiation*) between the Entity and UCF or the UCFRF triggering this Exemption?:

Yes No

 6. Other types of agreements:

Are there any other types of agreements currently formalized (on your behalf or associated to your person) between UCF and the Entity (Includes UCF, UCFRF and any other direct support organization):

Yes No

Section III: Entity Data

a. General Information:

Name of Entity:

Street Address:

City: State: Zip:

Phone Number:

Fax number:

Executing Official:

E-mail Address:

Webpage Address:

b. Entity Type:

General Partnership Sole Proprietorship LLC Corporation S Corp

c. Parent Entity:

Yes N/A

d. State of Incorporation:

Florida Other (describe):

e. Is the Discloser listed as an officer in the incorporation document?

Yes, Title: No

f. Is there any pending litigation against the Entity?

Yes No

g. Is there any person (including spouse and children) living the same household involved with the Entity?

Yes No

h. Describe the overall activities/business pursued by the Entity per its business plan:

Section IV: Your Responsibilities to the Entity

1. Describe your role and responsibilities to the Entity:

a) Role at the Entity:

b) Responsibilities to the Entity:

2. Total time commitment involved with the Entity (by hours per week):

Estimated Period of Commitment:

From: to

3. Describe how your Entity responsibilities differ from your responsibilities at UCF.

a) At the Entity:

b) At UCF:

4. Outline potential conflicts and benefits to UCF of granting this Request for Exemption:

a) Potential conflicts:

b) Benefits to UCF of granting this Request for Exemption:

Section V: Employee Certification and Signature

I (**Employee/Discloser**) **understand and agree** that all my activities with the Entity are carried out in my individual capacity and not as a representative of the University of Central Florida (UCF) or the University of Central Florida Research Foundation, Inc.(UCFRF).

By signing below, I (**Employee/Discloser**) **understand and agree** to abide by all pertinent provisions of *Chapter 112, Florida Statutes, Rule 6C7-3.008, Florida Administrative Code*, and any other conditions, including any Monitoring plans, imposed for the allowance of these outside activities.

I (**Employee/Discloser**) **further agree and understand** that violation of this agreement is grounds for disciplinary action, withdrawing the allowance of my outside activities, withdrawing the Exemption and terminating any agreement between UCF or the UCFRF and the Entity that has been allowed under this Exemption.

Employee/ Discloser's Signature:

Printed name:

Date Signed:

PCOI PCR-ID #:

Section VI: Recommendations by Reviewer/Supervisor of Employee/Discloser

If this Request for Exemption is granted, COI supplemental form (s) submission of the following form(s) approved plan to handle and resolve an identified conflict. Below are recommended actions:

- Monitoring Plan for Potential Conflict of Interest (MP)* form is required
- Request for an Exemption/Disclosure (RED)* form is required

Supervisor/Reviewer's Signature: _____

Printed Name: _____

Date Signed: _____

Review and Approval/Disapproval

PCOI PCR- ID#:

Level 1:

Reviewer:	Reviewer's Signature	Approve	Disapprove	Date
Chair or Supervisor (or designee)				
Dean, Director or Other Appropriate Administrator (or designee)				
Vice President for Research (or designee)				

Level 2:

Approve: _____ Disapprove: _____

Signature: _____
Provost, University of Central Florida

Date Signed: _____

Level 3:

Approve: _____ Disapprove: _____

Signature: _____
John C. Hitt, Ph. D.
President, University of Central Florida

**Date Signed: _____

Level 4:

Approve: _____ Disapprove: _____

Signature: _____
Chair, University of Central Florida Board of Trustees

**Date Signed: _____

****Approval is effective upon this date of signing through the end of the last COI reporting year period covered, per the number of years requested under Page 1 of this form.**