

UD Conflict of Interest Disclosure Form

Involvement of faculty or professional staff with appropriate commercial enterprises is an important part of the transfer of knowledge from the University to industry and an important source of feedback from industry to enhance both teaching and research programs. An involvement of faculty or professional staff with commercial enterprises should be such that it benefits the faculty or staff member, the commercial enterprise, and the University. Involvement of faculty or professional staff with a commercial enterprise to a degree or in a manner that diminishes the effectiveness of teaching or research programs is prohibited. Disclosure of all involvements with commercial enterprises that may take time from University responsibilities or may directly or indirectly have an impact on or be perceived to have an impact on the University is required (see Policy 6-11, Faculty and Professional Staff Involvement in Commercial Enterprises That Have Relationships With the University of Delaware).

The intent of University Policy 6-11 is to insure that the financial interests of a University employee do not compromise the objectivity and integrity with which his/her activity is designed, conducted and/or reported.

This Disclosure Statement must be completed annually by the employee and forwarded to the employee’s immediate supervisor (ordinarily, a department chairperson) for review and signature to affirm the employee’s compliance with Policy 6-11. This document will then be reviewed and signed by the Dean and forwarded to the Vice Provost to be filed for one year or until the termination of the activity, whichever is longer.

Disclosure Statement

(See also Section 4, Conflict of Interest and Ethical Conduct, in the *UD Handbook for Faculty*.)

No Conflict

___ I have read Policy 6-11 and declare that there neither is nor, in my judgment, will appear to be a conflict of interest with my University employment. Should a conflict of interest arise during the course of my University employment, I will promptly complete a new Conflict of Interest Disclosure Statement.

_____ (Investigator's Name) (please print)
_____ (Investigator’s Signature) _____ (Date)

Conflict

___ I have read Policy 6-11 and, on the attached sheet, offer full disclosure of my consulting arrangement(s) and/or significant financial interest(s) in an entity that is or might be related to my University employment. Should any change in my status occur during the course of my University employment, I will promptly complete a new Conflict of Interest Disclosure Statement.

_____ (Investigator's Name) (please print)
_____ (Investigator’s Signature) _____ (Date)

___ I have reviewed the employee’s disclosure as well as the signed statement above and attest that the employee is in full compliance with University Policy 6-11.

_____ (Supervisor's Name/Title) (please print)
_____ (Supervisor’s Signature) _____ (Date)
_____ (Dean’s Name) (please print)
_____ (Dean’s Signature) _____ (Date)

Receipt acknowledged by:

_____ (Vice Provost’s Signature) _____ (Date)