

### Outside Activity Disclosure Certification for Researchers

This form applies to all researchers and is used to determine the existence of potential conflicts of interest as per institutional policy. Please complete this form and submit as an attachment to your research protocol.

First Name	Last Name	UTRGV Email Address

By completing and signing this form, I certify that I am aware of the disclosure requirements regarding Financial Conflicts of Interest in Research, and acknowledge my responsibilities to disclose outside activities that may be perceived as a potential significant conflict of financial interest. Examples of outside activities that may represent a significant financial conflict of interest include: outside employment and fiduciary positions in, or payments, royalties, gifts, and travel paid by, an entity that has a relationship with the research study that is being conducted.

Please mark with an "X" below in the blank space that applies:

I certify that, I and my covered family members, \_\_\_\_\_ have / \_\_\_\_\_ do not have an outside affiliation that may be perceived by a reasonable person as a significant financial conflict of interest in research. *(If you responded in the affirmative, please also complete Attachment A. Otherwise, please sign and submit with the research protocol).*

Please note that certifications are good for a year and pertain to any research projects that you are involved in. If there is a change in circumstances, please notify it within 30 days of the change.

\_\_\_\_\_  
Signature of Researcher  
*(typed names not accepted)*

\_\_\_\_\_  
Date

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### ATTACHMENT A

Please use this form to disclose any outside activities that may represent a significant financial conflict of interest.

#### 1. Nature of the Affiliation:

Outside Employment       Fiduciary Position       Payments  
 Royalties       Gifts       Travel

**Please indicate the name and address of the entity (including if self-employed) in which you or covered family member(s) have this affiliation:**

Job title/Position Name: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Entity Address: \_\_\_\_\_

\_\_\_\_\_

#### 2. Person Having the Interest:

Researcher       Covered Family Member

#### 3. Acknowledged:

\_\_\_\_\_  
Principal Investigator (*if other than the person filling this form*)      Date

\_\_\_\_\_  
Department Chair      Date

#### FOR INTERNAL USE ONLY

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Reviewer

\_\_\_\_\_  
Date