

CONFLICT OF INTREST MANAGEMENT PLAN

APPENDIX A: REPORT OF POTENTIAL CONFLICTS OF INTEREST RELATED TO STUDENTS

Complete this form if you answered YES to one or more questions in Section 1 on the EHRA Conflict of Interest (COI) Annual Certification Use a separate form to report relationships with each enterprise or corporation.

Name: _____ **Banner ID:** _____

Campus Address: _____ **Room:** _____ **Building:** _____

Local Address: _____ **City/State:** _____ **Zip Code:** _____

Title: _____ **Rank:** _____

Department: _____ **Unit:** _____ **Email:** _____

Campus Telephone: _____ **Local Phone:** _____

Complete items 1-3 if you answered YES to question 1 in Section 1 on the EHRA COI Annual Certification

- 1. Describe the number and levels of the students involved, your financial interest in the business, and how the sponsored project involves the students.**

- 2. Describe the potential benefits to and impacts upon students in working on this project.**

- 3. Discuss the actions or safeguards you will take to prevent your relationships with this enterprise from affecting your responsibilities as a University employee for supervising these students.**

Complete Items 4-5 if you answered YES to question 2 in Section 1 on the EHRA COI Annual Certification.

- 4. Describe the number of students, their status in the University, and the nature and scope of the duties for which they are employed.**

5. Discuss the actions or safeguards you will take to prevent your relationship with this enterprise from affecting your responsibilities as a University employee for supervising these students.

By attaching this form to the Conflict of Interest Annual Certification for, I certify that all of the above information is correct and that I will promptly update information as changes occur.

Employee Signature

Date

Department Chair

Date

Dean (if applicable)

Date

**Standing Committee on Conflicts of Interests
and Commitment (where applicable)**

Date