

CONFLICT OF INTEREST MANAGEMENT PLAN

APPENDIX B: COURSE MATERIALS/PUBLICATIONS/PRESENTATIONS

Complete this form if you answered YES to one or more questions in Section 2 on the EHRA Conflict of Interest (COI) Annual Certification. Use a separate form to report each relationship with each enterprise or corporation.

Name:

Banner ID:

Campus Address

Room:

Building:

Local Address:

City/State:

Zip Code:

Department:

Title:

Rank:

Unit:

Campus Telephone:

Local Phone:

Email:

If you answered YES to question 3 on the EHRA COI Annual Certification, provide the information requested in ITEMS 1-2.

1. Did you fully disclose the financial interest held by you or your family member in the publication or presentation?

2. If not, why not?

If you answered YES to question 4 on the EHRA Annual COI Certification, provide an explanation statement below.

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
Interest and Commitment (if applicable)

Date