

NCORP-KC Financial Conflict of Interest Disclosure form

Please read the NCORP-KC financial disclosure policy and answer the following questions for yourself, your spouse or any dependent children during the preceding 12 months from the disclosure date.

A. Remuneration

1. Received from any publicly traded or non- publicly traded entity remuneration to include salary, honoraria, consulting fees, paid authorship greater than \$5000 in aggregate? Yes ___ No ___
2. Any equity interest(stocks or options or other ownership interest as determined through reference to public prices or other reasonable measures of fair market value) in a publicly traded entity greater than \$5000 in aggregate? Yes ___ No ___
3. Any equity interest (stocks or options or other ownership interest) in a non-publicly traded entity greater than \$5000 in aggregate? Yes ___ No ___
4. Any intellectual property rights (e.g. patents, copyrights) and any income received related to such rights? Yes ___ No ___

If you answered yes to any of above, please disclose the amount:

\$5,000-\$9,999 ___ \$10,000-\$24,999 ___ \$25,000-\$49,999 ___ \$50,000-\$74,999 ___

\$75000-99,999 ___ \$100,000-\$200,000 ___ Greater than \$200,000 (specify amount) \$ _____

Please describe your financial interest

B. Travel Information

1. What was the purpose of your travel? _____
2. Who sponsored your travel or reimbursed you for the travel?

3. What was the destination?

4. Please provide the dates of your travel. _____

5. What was the monetary value of your travel, if known? _____

By signing this form, I certify that I have read and understood the NCORP-KC Financial Conflict of Interest Policy and agree to those terms listed in the policy. I further certify the foregoing disclosure is true and complete to the best of my knowledge. I understand and agree that it is my responsibility to update my travel disclosure annually or as soon as possible but with in a maximum of 30 days if a new conflict results.

Signature

Date

Name

Review Outcome: Referred to Executive Director ____ Yes ____ No

Reviewed by Regulatory Coordinator: _____ **Date** _____

Review Outcome: Referred to FCOI ____ Yes ____ No

Reviewed by Executive Director: _____ **Date** _____

Review Outcome: Found to be FCOI ____ Yes ____ No

Reviewed by FCOI Committee: _____ **Date** _____

FCOI posted on website and referred to National Institutes of Health _____ **Date** _____