UNLV CONFLICT OF INTEREST/ COMPENSATED OUTSIDE SERVICES ANNUAL DISCLOSURE FORM

PREVIEW OF QUESTIONS - OFFICIAL FORM WILL BE EMAILED

UNLV must comply with federal, state, and NSHE regulations related to conflicts of interest and compensated outside services. Based on these requirements, all faculty and professional staff must identify all potential conflicts of interest and all compensated outside service through annual submission of a completed disclosure form. They must also submit an updated form and obtain supervisor approval prior to either participating in any new activity that may lead to a conflict of interest, or agreeing to perform any new compensated outside service. Individuals affiliated with the university through sponsored projects must disclose potential conflicts of interest prior to their participation in such projects. Additional information on the disclosure and review process is available in the Conflict of Interest Rules and Procedures. (See Conflict of Interest Policy)

All conflicts of interest must be managed (through management plans, reduction, or elimination), and all employees must comply with NSHE policies regarding compensated outside services. UNLV must report conflicts of interest associated with sponsored projects to the relevant federal funding agencies, and both conflicts of interest and compensated outside services must be reported to the Board of Regents.

On an annual basis, and prior to submission for funding of any new project that may pose conflicts of interest or conflict due to compensated outside services, all University employees must provide information on the nature and extent of their compensated outside services and potential conflicts of interest/financial interests for the preceding 12 months using the UNLV Conflict of Interest/Compensated Outside Services Annual Disclosure Form. Department chairs/supervisors are responsible for ensuring that all disclosure forms are received by the due date, which is set annually by the Executive Vice President and Provost. Approved requests for outside compensated service must be attached to the annual disclosure form. All University employees shall also disclose benefits known to an employee that may accrue to individuals in the employee's household, persons to whom the employee is related by blood, adoption or marriage within the third degree of consanguinity, or persons with whom the employee has substantial and continuing outside business relationships.

☐ I have read and understand the University's policies on Conflict of Interest

BIOGRAPHICAL INFORMATION:

Personal Information

First Name
Last Name
Title
University Email
Department/Division

| Supervisor Information | | | |
|---|--|--|--|
| First Name Last Name Title University Email | | | |
| Employee Classification | | | |
| Administrative Faculty (Professional Staff) Academic Faculty Classified Staff | | | |
| Contract Type | | | |
| 12-month contract9-month contractOther | | | |
| Are you a PI or Co-PI on any federally funded project (for example, NIH or NSF)? | | | |
| O Yes O No | | | |
| PART 1: OUTSIDE COMPENSATION AND TRAVEL | | | |
| I perform compensated outside services (e.g., paid consulting, paid lectures, paid authorship, royalties, honoraria, or any other employment or services for payment) during the past calendar year. http://www.unlv.edu/assets/research/policies/COI-RulesProcedures.pdf | | | |
| O DID O DID NOT | | | |
| I engage in travel that was reimbursed or sponsored by a company or organization (excluding travel sponsored by a federal, state, or local government agency or a U.S. public university) during the past calendar year. | | | |
| O DID O DID NOT | | | |
| The following section only applies to individuals who DID perform compensated outside services and/or DID engage in travel that was reimbursed. | | | |
| I certify that I took Annual Leave and/or furlough day(s) to perform outside compensated services, or that I am on a B contract and I did not exceed 1-day/week, in accordance with the Conflict of Interest Policy. Prior to commencing in these outside services, I certify that I have requested and received approval from my supervisor, through the use of the outside activity approval | | | |

form, in accordance with the Conflict of Interest Rules and Procedures. http://www.unlv.edu/sites/default/files/24/COI-RulesProcedures.doc

How many outside activities did you engage in during the past calendar year (2013) -- using the new outside activity request form (released November 2013) or the previous annual disclosure update?

| | Enter Number of Requests/Disclosed Activities for 2013 |
|-------------------------------|--|
| Approved | |
| Approved with Management Plan | |
| Denied | |

Based on your requests for the calendar year, how many request were submitted for each of the NSHE categories below.

| | Enter number of requests |
|------------|--------------------------|
| Academic | |
| Government | |
| Business | 0, |
| Other | |

Of these requests, how many were research related?

It is research related if it is considered to be part of, or related to, the instructional faculty or professional staff member's research obligation to the University.

Federally Funded Only

Reimbursed or sponsored travel (i.e., that is paid on behalf of the Investigator) related to University responsibilities; however, this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

Purpose of the trip Sponsor of the trip Destination Duration

Do you have more travel related reimbursement to report?

| \mathbf{O} | Yes |
|--------------|-----|
| \mathbf{O} | No |

How much compensation did you receive (combined) for:

| | Enter Dollar Amounts |
|-------------------------|----------------------|
| Total Compensation | |
| Total Reimbursed Travel | |

PART 2: EQUITY/OWNERSHIP AND INTELLECTUAL **PROPERTY**

Do you, your family members, or your household members, have an equity or ownership interest in any business entity whose business operations are related or potentially related to your responsibilities at the University (including your work on any sponsored р 0 r S 5 p е 0

| project (grant or contract) you have or might apply for)? This includes stock, stock options and other securities, but does not include stock owned through mutual funds o stock in a public company, if your ownership is less than \$5000 or represents less than 5% ownership. For purposes of this form, "related" means so linked that a reasonable person would believe that your judgment or conduct in your University position could be or appear to be influenced or affected. | | | |
|--|--|--|--|
| / C | | | |
| If ye | es, answer the following: | | |
| (| Organization name (e.g., ABC Instructional Technology, Smith Laboratories) | | |
| 7 | Type of interest | | |
| (| O Stock, stock options O Other ownership rights O Patents or patent applications O Copyrights U Licensing or other agreements O Contracts | | |
| E | Briefly describe the organization | | |
| What is the nature of you or your family's financial interest? | | | |
| Please explain how this interest is related to your responsibilities at the University. | | | |
| I | need to enter another organization | | |
| | O Yes O No | | |
| | PART 3: RELATIONSHIPS | | |
| finai | you had a fiduciary or management role (such as, service as a president, chief ncial officer, director or trustee), or other legal obligation to any organization other the University in the past year. | | |

| \mathbf{O} | Yes |
|--------------|-----|
| 0 | No |

| If yes, answer the following: | | |
|--|--|--|
| Organization Name | | |
| Relationship/Role | | |
| Corporate Officer Board of Directors/Trustees Advisory Board Other | | |
| Briefly describe the organization | | |
| Describe the position you hold/held. | | |
| Describe the estimated time devoted to these activities. | | |
| Was this a compensated activity? | | |
| O Yes O No | | |
| If it was a compensated activity, answer the following: | | |
| Did you complete your outside activity request form for this activity? | | |
| O Yes O No | | |
| I need to enter another relationship. | | |
| O Yes O No | | |
| PART 4: OTHER | | |
| Are there any other matters bearing on conflict of interest or commitment that you wish to disclose to the University? | | |
| O Yes O No | | |
| Please explain the other matters you wish to disclose. | | |