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## ANNUAL CONFLICT OF INTEREST / COMPENSATED OUTSIDE SERVICES DISCLOSURE FORM

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The University of Nevada, Las Vegas (UNLV) must comply with federal, state, and Nevada System of Higher Education (NSHE) regulations related to conflicts of interest and compensated outside services. UNLV is responsible for reporting conflicts of interest associated with sponsored projects to the relevant federal funding agencies. The University must also report aggregate institutional data on conflicts of interest and compensated outside services to NSHE.

Based on these requirements, on an annual basis and prior to submission for funding of any new project that may pose a conflict of interest, all academic and administrative faculty (professional staff) members must provide information on the nature and extent of their compensated outside services and potential conflicts of interest/financial interest for the preceding 12 months using this Annual Conflict of Interest/Compensated Outside Services Disclosure Form. All academic faculty and professional staff are required to complete this Disclosure Form whether or not they engaged in any outside activities. Information on the disclosure and review process is available in the [Conflict of Interest/Compensated Outside Services Policy](#) and in the [Conflict of Interest Rules and Procedures](#) document.

All employees must comply with NSHE policies regarding compensated outside services (for more information, consult the “Policies and Guidelines” section of the [Conflict of Interest](#) website). For outside compensated activities that are not considered [pre-approved activities](#), supervisor approval must be obtained using the [Outside Activities Request Form](#). All activities identified as conflicts of interest must be managed through management plans, reduction, or elimination.

*Upon completion of this form, you and your supervisor will receive an email from [coi@unlv.edu](mailto:coi@unlv.edu) with a copy of your completed Annual Disclosure.*

☐ I have read and understand the University’s policies on conflict of interest and outside compensated activities.

**Note:** Questions in Grey will only be displayed if the condition is met.

## **PART 1: EMPLOYMENT INFORMATION**

### **Employee Information**

First Name  
Last Name  
University Email Address  
Office Phone Number  
Job Title  
Department/Division/Unit  
Employment Classification

### **Contract Type**

- ☐ 12-month contract  
☐ 9-month contract  
☐ Other (please specify): \_\_\_\_\_

### **Supervisor Information**

First Name  
Last Name  
University Email Address  
Job Title

**If you have been identified as a federally-funded researcher by the Office of Sponsored Programs**

### **Research Project(s)**

Grant/Contract Title  
Agency/Sponsor

### **Do you need to add another research project?**

- ☐ Yes  
☐ No

## **PART 2: OUTSIDE COMPENSATION AND TRAVEL**

I \_\_\_\_\_ perform one or more compensated outside services (e.g., paid consulting; paid lectures; paid authorship or receipt of royalties; receipt of honoraria, stipends, or allowances; or engagement in any other employment or services for payment) during the past calendar year (January 1 through December 31).

- ☐ Did
- ☐ Did Not

**If you DID perform compensated outside activities AND have been identified as a federally-funded researcher by the Office of Sponsored Programs**

**Please describe how your outside activities may relate to, or may appear to relate to, your funded research.**

**If you DID perform compensated outside activities**

In accordance with the [Conflict of Interest Rules and Procedures](#), I confirm that the following statements are correct:

1. I am on an A-contract (12-month administrative contract) and took Annual Leave to perform outside compensated services, or I am on a B-contract (9-month academic contract) and did not exceed one day per week to perform outside compensated services.
2. Prior to commencing any outside services, I completed an [Outside Activity Request Form](#) and received approval from my supervisor for each activity performed, unless the activities were [pre-approved](#).

- ☐ Yes, I certify that the above statements are correct
- ☐ If No, please explain: \_\_\_\_\_

**How many outside activities did you perform during the past calendar year (2018)? (Note: This number should include any pre-approved activities that did not require supervisor approval through the submission of an Outside Activity Request Form. In the next question, you will be asked to categorize the approved activities.)**

\_\_\_\_\_ Number of activities that were considered [pre-approved](#) and for which submission of an [Outside Activity Request Form](#) was not required

\_\_\_\_\_ Number of activities approved through the submission of an [Outside Activity Request Form](#)

\_\_\_\_\_ Number of activities approved with a management plan

\_\_\_\_\_ TOTAL

**Of the approved activities identified above, how many were related to each of the categories below? (Note: Select ONLY ONE category for each activity. The total below should equal the total number of pre-approved activities, approved activities, and activities approved with management plan identified in the previous question.)**

\_\_\_\_\_ Academic

\_\_\_\_\_ Business

\_\_\_\_\_ Government

\_\_\_\_\_ Other

\_\_\_\_\_ TOTAL

**How many outside compensated services that you requested approval to perform were not approved by your supervisor or another administrator?**

**What was the total compensation you received (in dollars) from your outside compensated services during the past calendar year (January 1 through December 31)?**

I \_\_\_\_\_ engage in travel that was paid, reimbursed, or sponsored by a company or organization (excluding travel funded by a federal, state, or local government agency; an institution of higher education as defined in the U.S. Code Title 20 Section 1001; or an academic teaching hospital, medical center, or research institute affiliated with an institution of higher education) during the past calendar year (January 1 through December 31).

- ☐ Did
- ☐ Did Not

**If you DID engage in reimbursed/sponsored travel AND have been identified as a federally-funded researcher by the Office of Sponsored Programs**

**Reimbursed/Sponsored Travel**

Purpose of travel  
Sponsor  
Destination  
Date(s) of travel

**I have more reimbursed/sponsored travel to report.**

- ☐ Yes
- ☐ No

**What was the total value (in dollars) of your reimbursed/sponsored travel during the past calendar year (January 1 through December 31)?**

### **PART 3: EQUITY/OWNERSHIP AND INTELLECTUAL PROPERTY**

**Do you, members of your household, or members of your family to the third degree of consanguinity have an equity or ownership interest in any business entity whose operations or activities are related or potentially related to your responsibilities at the University (including your work on any sponsored project, e.g., grant or contract, you have already secured or might apply for in the near future)?** (Note: Include information on any stock, stock options, and other securities, but do not include information on stock owned through mutual funds or stock in a public company, if your ownership is less than \$5000 in value or represents less than 5% ownership.)

- ☐ Yes
- ☐ No

#### **If Yes**

##### **Type of Interest**

- ☐ Stock and stock options
- ☐ Other ownership rights
- ☐ Patents or patent applications
- ☐ Copyrights
- ☐ Licensing or other agreements

##### **Description of Interest**

Provide the name of the organization, property, etc.:

Describe the nature of the interest and its relationship to you or your family:

Explain how this interest is related to your responsibilities at the University:

##### **Do you have more interests to disclose?**

- ☐ Yes
- ☐ No

## PART 4: RELATIONSHIPS

Did you have a fiduciary or management role (e.g., president, chief financial officer, director, trustee, etc.) or a legal obligation to any organization other than the University in the past year?

- ☐ Yes
- ☐ No

### If Yes

#### Relationship/Role

- ☐ Corporate Officer
- ☐ Board of Directors/Trustees
- ☐ Advisory Board
- ☐ Other \_\_\_\_\_

#### Was this a compensated relationship?

- ☐ Yes
- ☐ No

#### Was an outside activity request form completed for this activity/relationship?

- ☐ Yes
- ☐ No

#### Describe the relationship.

Name of the organization:

Description of the organization:

Description of your role/relationship:

Estimated time devoted to this relationship:

#### Do you have more relationships to disclose?

- ☐ Yes
- ☐ No

## **PART 5: OTHER**

**Are there any other matters related to conflict of interest or commitment that you wish to disclose to the University?**

- ☐ Yes
- ☐ No

**If Yes**

**Please explain the other matters you wish to disclose.**