

DRAFT
SCHOOL OF MEDICINE
CONFLICT OF INTEREST AND COMMITMENT DISCLOSURE FORM
FOR THE ACADEMIC YEAR ENDING JUNE 30, _____

Name _____ Title and Faculty ID _____
 College/School _____ Department _____
 Academic year _____ Terms of leave, if any _____

**PART I: REPORT OF CATEGORY I AND II COMPENSATED OUTSIDE PROFESSIONAL ACTIVITIES
 AND ADDITIONAL TEACHING ACTIVITIES FOR THE ACADEMIC YEAR ENDING JUNE 30, _____
 INSTRUCTIONS FOR INFORMATION REQUESTED**

PART I INSTRUCTIONS

This form is designed to (i) meet the reporting requirements of **Academic Personnel Manual (APM) 025, Conflict of Commitment** (<http://www.ucop.edu/acadadv/acadpers/apm/apm-025-07-01.pdf>), (ii) meet the reporting requirements of **APM 670, Health Sciences Compensation Plan and Guidelines on Occasional Outside Professional Activities by Health Sciences Compensation Plan Participants** (<http://www.ucop.edu/acadadv/acadpers/apm/apm-670.pdf>), and (iii) solicit periodic updates regarding economic interests in non-governmental entities funding (or directly affected by) research on which you are a principal investigator. Please review these instructions carefully to educate yourself on what information is required. **All** faculty members must file this form **each year**. Please complete each section for the time that your academic or fiscal year appointment was effective in the identified academic year. If you did not engage in any compensated outside professional activities during the identified academic year and did not perform additional teaching as defined in APM 662 (i.e., teaching in University Extension courses or programs, other continuing education programs run by the University, or self-supporting UC degree programs), check the box stating this and provide your signature as verification. This report is due in the **Office of Academic Personnel** by July 31 for activity in the academic year just completed.

NOTE: If you are subject to the “Standard” version of the University’s Health Sciences Compensation Plan, you are entitled to provide 21 days (168 hours) of compensated outside activity (other than patient care) per fiscal year. There is no limit on the amount of income you can earn during this period of outside activity. You should know, however, that you (i) will not receive defense or indemnification for financial or legal losses or exposures you incur in connection with such activity and (ii) may not make significant use of University resources in connection with such activity. Finally, you may receive outside professional income only from government agencies, non-profit health-related organizations, and nonprofit educational institutions. Faculty can request an exception to exceed the 21 day maximum; the request for such an exception would be submitted to the department Chair and [School To Insert] for review and approval.

NOTE: If you are subject to the “Alternative” version of the University’s Health Sciences Compensation Plan, you are entitled to provide [School/Department To Insert] days ([School/Department To Insert] hours) of compensated outside activity (other than patient care) per fiscal year. The amount of income you can earn for such outside activity is capped at the greater of (i) \$20,000 or (ii) 20% of the base salary for your rank, step, and APU. You should know, however, that you (i) will not receive defense or indemnification for financial or legal losses or exposures you incur in connection with such activity and (ii) may not make significant use of University resources in connection with such activity. You may receive outside professional income from government agencies, non-profit health-related organizations, nonprofit educational institutions, and [School/Department To Insert any additional permissible income sources, i.e., for-profit entities].

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NOTE: Departments may collect forms quarterly if they find it necessary or helpful for monitoring outside activities, but reports to Academic Personnel must be made annually.

GENERAL DEFINITIONS**Outside Professional Activities:**

Those activities that you perform or promise to perform (i) within your area of professional or academic expertise and (ii) on behalf of someone other than the University of California.

Compensated Outside Professional Activities: *Compensation* is defined as payment through cash, assets, or capital, received or having the potential to be received by you or any immediate family member. *Outside Professional Activities* are defined as those activities that are within your area of professional or academic expertise which advances or communicates that expertise through interaction with industry, the community, or the public, and through consulting or professional opportunities.

Family Member: Your spouse or registered domestic partner, and any minor children.

Terms of Leave, If Any: A faculty member may be permitted to go on full-time or part-time leave in order to pursue compensated outside professional activities. If you were on such leave during any part of the pertinent fiscal year, provide information here about the percentage of time and inclusive months.

Health Industry Company:

Any for-profit corporation, nonprofit corporation, partnership, limited partnership, foundation, association, limited liability company, or sole proprietorship that – to the best of your knowledge:

- a. Develops, manufactures, markets, or distributes pharmaceuticals, biologics, medical devices, medical implants, medical supplies, or medical equipment; **or**
- b. Furnishes health care items or services to individuals; **or**
- c. Provides funding for clinical research, or basic sciences research, or continuing medical education **or**
- d. Is a licensed insurance company or licensed managed care organization.

Outside Professional Activities Disclosure Statement Definitions

Category: For each activity, enter I, II, III, or AT (for additional teaching as defined in APM 662).

Category I activities include: assuming an executive or managerial position; administering, outside of the University, a grant that would ordinarily be conducted under the auspices of the University; establishing an employment relationship as a salaried employee outside of the University; compensated teaching or research at another institution; and other activities which common sense and good judgment would indicate are likely to raise issues of conflict of commitment. You must receive prior approval to engage in Category I activities, which always count toward the 21-day limit and must be reported annually.

Category II activities include: providing expert testimony in administrative, legislative, or judicial proceedings; providing occasional professional consulting services or referrals or engaging in professional practice where such activities are provided by the faculty member acting as an individual; providing a workshop for industry; serving on the board of directors of an outside entity; and undertaking compensated outside professional activity not mentioned in Categories I or III. Category II activities are counted within the 21-day limit and must be reported annually.

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Category III activities need not be reported for the purposes of APM 025 or APM 670. These activities are integral to all disciplines and ordinarily do not present issues of conflict of commitment. They are accepted as part of the faculty member's scholarly and creative work. Even if compensated, they are allowable and not counted within the 21-day limit for the purposes of APM 025. Examples of Category III activities include the following: serving on a federal, state, or local government agency committee, panel, or commission, acting in an editorial capacity for a professional journal, reviewing journal manuscripts, book manuscripts, or grant or contract proposals, attending and presenting talks at scholarly colloquia and conferences, developing scholarly communications in the form of books or journal articles, and similar works, even when such activities result in financial gain, serving as a committee member or as an officer of a professional or scholarly society, accepting a commission for an artistic work or performance that is considered an integral part of a faculty member's academic portfolio, (e.g., a work of art or a dance performance), accepting honoraria (other than those received for Category II activities) and prizes. When such activities require travel or time away from the university, they do require departmental reporting as professional time away, but do not require reporting for the purposes of APM 025 or APM 670.

Additional Teaching Activities are defined by APM 662. These teaching activities provide additional compensation for specified additional University teaching activities (i.e., University Extension courses and programs, other continuing education programs which are run by the University, and self-supporting UC degree programs). These activities must be reported and do count within the 21-day limit.

Total Time Spent on Activity: Enter the total time you worked on this activity during your period of active service to the University. For compensated outside professional activities, *Day* is defined on a case-by-case basis, using common sense and customary practice. The University recognizes and supports the diverse hours and schedules devised by faculty members and department chairs to accommodate teaching, research and creative work activity, University service, and University-related public service. You should exercise sound professional judgment, taking into account reasonable work schedules, when determining what constitutes a day of outside activity and be prepared to provide, upon request from the responsible University official, an explanation of the definition of "day" you used. For additional teaching activities, the general rule is that every six contact or "podium" hours spent with students equals one day.

Dates Services Provided: Indicate the dates the services were provided.

Description of Activity: Briefly describe the work you did and specify, where applicable, the drug or device involved in your work.

Nature of Relationship: Use one or more of the following terms to describe your relationship to the entity identified in the last column, the one for whom you performed the compensated outside professional activity: owner, board member, consultant, equity or royalty interest, stockholder or partnership interest, salaried employee, or other (explain).

General Description of Business, Agency...: Provide the name of the company or entity, the industry in which it specializes, and any other descriptive information pertinent to the work performed.

Healthcare/Non Healthcare Industry: Indicate whether the entity is a Health Industry Company as defined above.

Compensation Billed/Received: Indicate the total number of dollars received and/or billed (but not yet received) for the outside professional activity being reported.

Date Compensation Received: Indicate the date compensation was received for the outside professional activity being reported.

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Add additional lines/pages if necessary by right-clicking in last cell and selecting 'insert: insert rows below'.

| Category (I, II or AT) | Total Time Spent on Activity (specify number of days or total hours) | Dates Services Provided | Description of Activity/Role. Identify any Device/Drug Associated with your Work (if applicable) | Nature of Relationship (e.g. consultant, employee or shareholder) | Name and General Description of the Business/Organization | Health Industry Company (Y/N) | Compensation (whether billed, promised or received) for the Services | Date Compensation Received |
|-----------------------------------|---|--|---|--|--|--|---|---------------------------------------|
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I did not engage in Category I, II or Additional Teaching Activities in the past year.

Did you receive compensation (apart from Category I, II or AT) from any health industry company (e.g., royalties from prior work) in the past year? Yes No

If Yes, please explain: _____

Did you get prior written approval for Category I Activities (using APM 025, Appendix B) from the Chancellor or Chancellor's designee? Yes No

**PART II: REPORT OF FINANCIAL INTEREST IN COMPANIES
FOR THE ACADEMIC YEAR ENDING JUNE 30, _____
INSTRUCTIONS FOR INFORMATION REQUESTED**

PART II INSTRUCTIONS

Please list each health industry company in which you or a family member held a financial interest during the reporting period (including companies for which the interest may not have been held for the entirety of the reporting period). You should include both compensation and investment interests that you or a family member hold directly, as well as those that you have reason to believe you or a family member hold indirectly (e.g., through a trust or intervening corporation, partnership, limited liability company).

Financial Interest in Healthcare Company Disclosure Statement Definitions

Name of Health Industry Company and Specific Industry: Indicate the name of the health industry company and specify its industry of specialty (e.g. pharmaceuticals, biomedical device manufacturing).

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Nature of Financial Interest in Company: Indicate any royalties, stock, stock option, put, call, general partnership interest, limited partnership interest, limited liability company unit, secured debt, unsecured debt, or other equity holding or debt interest you or any immediate family members hold. A family member is defined as your spouse or domestic partner and any minor children. Financial Interest **does not** include any interest (i) held through a diversified mutual fund, (ii) held through a blind trust, (iii) issued by the federal government or a state or local government.

Date Interest Acquired: The date upon which you or a family member took possession of the health industry company interest.

Date Interest Disposed: If the interest was sold during the reporting period, please indicate the date it was disposed. If still held, please indicate.

Estimated Current Market Value: The actual or estimated current market value of the interest as of the current date (measured in U.S. dollars).

Did You Perform Outside Professional Activities for this Company During the Reporting Period?: Please indicate whether you performed any outside professional activities for the health industry company during the reporting period. If yes, the activities must be reported in Part I of the form.

Financial Interest in Health Industry Company

Add additional lines/pages if necessary by right-clicking in last cell and selecting 'insert: insert rows below'.

| Name of Health Industry Company. Specify Type of Industry | Nature of Interest in Company (e.g. royalties, ownership, shares, stock) | Date Interest Acquired | Date Interest Disposed (indicate if still held) | Estimated Current Market Value | Did You Perform Outside Professional Activities for this Company during the Reporting Period? (If yes, please ensure activity is reported above) |
|--|--|---------------------------|--|--------------------------------------|---|
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I (including any family members) held no applicable interest in a health industry company during the past year.

Relationship with a Health Industry Company

Did you or a family member have any relationship, financial or otherwise, with an entity that produces, manufactures, or distributes a **medical device, implant, pharmaceutical or other medical care-related product** that you **recommend or prescribe to your patients**? Yes No

Financial relationship for the purpose of this question includes: consulting fees, compensation from employment, advisory board payments, service on board of directors, payment for lectures, papers or presentations, payment for product evaluation, receipt of gifts (e.g., money, meals, travel reimbursement, office supplies, textbooks, samples, payment for attending a meeting), receipt of loans, receipt of pharmaceutical samples or drug formularies, royalties for inventions, intellectual property interests, stock/stock options/real estate/other ownership interests, or other financial benefits. See the University's Health Care Vendor Relations Policy for more information.

If Yes, please describe the relationship: _____

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**PART III: REPORT OF FINANCIAL INTEREST IN PRIVATE SPONSORS OF RESEARCH
FOR THE ACADEMIC YEAR ENDING JUNE 30, _____
INSTRUCTIONS FOR INFORMATION REQUESTED**

PART III INSTRUCTIONS

Please list each private sponsor of research in which you or a family member had a financial interest in during the reporting period. A faculty member must disclose whether or not he or she (or a family member) had a financial interest in a non-governmental entity that (i) sponsors research on which the faculty member will be the principal investigator, (ii) makes a gift to the University that is earmarked for a specific research project on which the faculty member will serve as the principal investigator, or (iii) makes a gift to the University that is earmarked for a specific principal investigator (even though the pertinent research projects are not identified). See APM 028 for more information. You must also disclose any financial interest (e.g., royalty, license, etc.) in any drug, device, supply, or biologic that is the subject of your research.

Financial Interests in Private Sponsors of Research and/or in Drugs, Devices, Supplies, or Biologics That Were Subject of Research Activities
Definitions

Financial interest: A financial interest in a sponsor of research means you or a family member 1) had a direct or indirect investment in the sponsor worth \$2,000 or more; 2) held a position as a director, officer, partner, trustee, employee, or any other position of management in the sponsor; 3) received or was promised income totaling more than \$500; or 4) received or was promised gift(s) totaling \$420 or more.

Name of Company and General Description of Business: Indicate the name of the company that sponsors research and give a general description of its business.

Nature/Description of Interest or Relationship with Company (such as position held): Indicate the type of interest or relationship you or a family member had with the company (e.g., equity ownership, employee, consultant).

Name of Drug, Device, Supply, or Biologic On Which You Conducted Research, if any: If you or a family member had a financial interest in a drug, device, supply, or biologic that was the subject of your research activities, please indicate the name of the drug, device, supply, or biologic on which you conducted research.

Date Interest Acquired/Services Begun: The date upon which you or a family member acquired an interest in the company, became an employee or held a position of management in the sponsor, or received income or gift(s) from the sponsor.

Date Interest Disposed/Services Ended: The date upon which you or a family member disposed of an interest in the company, discontinued being an employee or holding a position of management in the sponsor, or disposed of income or gift(s) received from the sponsor.

Amount Received or Promised, or Fair Market Value of Interest/Gift: The actual or estimated current market value of the interest received/promised as of the current date (measured in U.S. dollars), the amount of income received/promised, or the fair market value of the gift(s) received/promised.

Sponsor of Research Involving the Drug, Device, Supply, or Biologic: Indicate who is the sponsor of the research involving the drug, device, supply, or biologic.

Amount of Research Funding: The amount of research funding the private sponsor has given to the University.

DRAFT**Financial Interest in Private Sponsors of Research and/or in Drugs, Devices, Supplies, or Biologics That Were Subject of Research Activities**

Add additional lines/pages if necessary by right-clicking in last cell and selecting 'insert: insert rows below'.

| Name of Company and General Description of Business | Nature/Description of Interest or Relationship with Company (such as position held) | Name of Drug, Device, Supply, or Biologic On Which You Conducted Research, if any | Date Interest Acquired/Services Begun | Date Interest Disposed/Services Ended | Amount Received or Promised, or Fair Market Value of Interest/Gift | Sponsor of Research Involving the Drug, Device, Supply, or Biologic | Amount of Research Funding |
|--|--|--|--|--|---|--|-----------------------------------|
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I (including any family members) did not have a financial interest in a private sponsor of research during the past year.

If you had a financial interest in a private sponsor of research during the past year, did you complete the 700U form? Yes No

Did the study involve human subjects? Yes No

I (including any family members) did not have a financial interest in a company that manufactures, develops, or markets drugs, devices, supplies, or biologics on which I conducted research during the reporting period.

**PART IV: REPORT OF USE OF UNIVERSITY RESOURCES
FOR THE ACADEMIC YEAR ENDING JUNE 30, _____
INSTRUCTIONS FOR INFORMATION REQUESTED**

PART IV INSTRUCTIONS

Please indicate whether any of your students or staff members were involved in your outside professional or pro bono activities. Also list whether you used UC resources for outside professional activities. See APM 025 for more information.

Use of University Resources Definitions:

Involving Students/Staff in Outside Activities: Please indicate whether any of your students or staff members were involved in your outside professional or pro bono activities.

Role of Students/Staff: If students or staff members were involved in your outside professional or pro bono activities, indicate their role(s).

Compensation: The compensation, if any, the students or staff members received for their work in the outside activity.

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Prior Written Approval Y/N: Whether you received prior written approval (APM 025, Appendix B) from the Chancellor or the Chancellor’s designee(s).

Use of UC Resources for Outside Professional Activities: Please indicate whether you have used any UC resources, including facilities, personnel, equipment, or confidential information, except in a purely incidental way, as part of your outside professional activities or for any other non-University purpose. (See APM 028 and APM 670 for more information).

Use of University Resources

Add additional lines/pages if necessary by right-clicking in last cell and selecting ‘insert: insert rows below’.

| Involving Students/Staff in Outside Activities | Role of Students/Staff | Compensation | Prior Written Approval Y/N | Use of UC Resources for Outside Professional Activities |
|---|-------------------------------|---------------------|-----------------------------------|--|
| | | | | |
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Signature _____ Date _____ Department Chair _____ Date _____

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1. During the Reporting Period, I participated in – and was subject to the rules and regulations regarding – the health sciences faculty compensation plan applicable in my division or academic programmatic unit (“Plan”).
2. I have complied with all Plan restrictions related to receipt and disclosure of Compensation for Outside Professional Activity during the Reporting Period.
3. I have paid the University any/all Compensation for Outside Professional Activity that I may have received in excess of the cap on such Compensation during the Reporting Period.
4. I understand that the University will neither defend nor indemnify me for losses incurred in connection with Outside Professional Activity, even if the third party pays (or I pay) some or all of the resulting Compensation for such Activity to the University.
5. I understand that I am solely responsible for paying appropriate federal, state, and local taxes on Outside Compensation (other than those amounts I am obligated to turn over and do, in fact, turn over to the Plan in a timely manner).
6. During the Reporting Period, I did not use significant University resources in connection with Outside Professional Activity.
7. During the Reporting Period, I complied with the University’s “Policy on Health Care Vendor Relations.” (Policy is available at <http://www.ucop.edu/ucophome/coordrev/policy/PP031208.pdf>).
8. During the Reporting Period, I complied with APM 025, APM 028 and APM 670.
9. During the Reporting Period, any payments or in-kind donations from third parties in support of my research activities were made to the University (not to me directly).
10. I completed this form after reading the attached instructions carefully, and all disclosures herein are accurate and complete to the best of my knowledge after careful review and thought.
11. I will submit a revised version of this Form for this Reporting Period if I subsequently recall or otherwise learn of information that may render any of the disclosures herein inaccurate, incomplete, or misleading.
12. I understand that timely submission of this form with thorough and accurate disclosures for this Reporting Period is an explicit condition for my eligibility to receive incentive-based compensation via the Health Sciences Compensation Plan in this or any future Reporting Period.
13. I understand that this form is subject to disclosure by the University under the California Public Records Act and further authorize the University in its sole discretion to disclose, publish, or otherwise release this form or the information herein to patients, health care practitioners, government officials, and the general public as part of the University’s efforts to promote transparency.
14. I hereby authorize the University and those entities I list on this form and their affiliates (collectively “Listed Entities”) to exchange information as may be reasonably necessary to validate the accuracy and completeness of the disclosures I make herein and release the University and Listed Entities from liability for any disclosures made between them in good faith.

Signature: _____

Date Signed: _____

Please return the completed form to your department head no later than July 31 after the end of the reporting year. Failure to complete and submit this form by the deadline may lead to a delay in, or forfeiture of, the ability to receive incentive-based compensation from the Health Sciences Compensation Plan for the Reporting Period or subsequent periods. In some cases, it may constitute grounds for termination of employment.