

**NEBRASKA WESLEYAN UNIVERSITY**  
**Disclosure of financial interest**  
**for Public Health Service-funded projects of the**  
**U.S. Department of Health and Human Services**

***Completion of this form is required by the Nebraska Wesleyan University “Policy on Financial Conflict of Interest related to funding under the Public Health Service.”***

***The form should be completed only after the faculty or staff “investigator” has completed the specified training module required by the NWU policy in conformance with 42 CFR 50 Subpart F. Investigators in funded projects must complete this form annually, completing the training every four years. Submit this form to the Director of Sponsored Programs at NWU.***

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Title of proposed (or funded) project \_\_\_\_\_

Primary grantee institution (for funded subcontracts) \_\_\_\_\_

PHS agency awarding funds (for proposal or subcontract) \_\_\_\_\_

Please check appropriate boxes:

Initial disclosure for proposal     Disclosure of change in status on funded project

Project Director (PI)             Co-Project Director (Co-PI)             Other \_\_\_\_\_

**Financial Interests**

Do you or an immediate family member (spouse, dependent child) have a financial interest (such as equity or ownership) in an outside entity that appears to be related to your institutional responsibilities as defined under 42 CFR 50 Subpart F (paragraph 50.603)?

- Yes  
 No

If yes, furnish information on an additional page to include name of entity, principal business, publicly traded or privately held, relationship to entity and value of any equity interest.

## Remuneration from Outside Entities

In the past 12 months have you or an immediate family member received remuneration or payment from an outside entity that appears to be related to your institutional responsibilities as defined by 42 CFR 50 Subpart F paragraph 50.603?

- Yes
- No

If yes, furnish information on an additional page to include name of entity, principal business, whether publicly traded or privately held, type of remuneration and amount.

## PHS Travel Disclosure

Investigators receiving PHS funding must disclose any reimbursed or sponsored travel that is related to their institutional responsibilities which was covered by an entity other than a federal, state, or local government agency, institution of higher education, academic teaching hospital, medical center or research institute affiliated with an institution of higher education.

Do you have travel to report as described above?

- Yes
- No

If yes, furnish information on an additional page to include purpose of trip, sponsor/organization, destination, duration, and the relationship to the PHS-funded research. Provide the known or estimated monetary value.

## Conflict of Interest Training

Investigators on PHS-funded projects must complete training on conflict of interest regulations once every four years. Training must be completed at the Financial Conflict of Interest website and result in a certificate which should be attached to this form upon initial completion.

See <http://grants.nih.gov/grants/policy/coi/tutorial2011/fcoi.htm>

- A new certificate of completion for FCOI training is attached, dated \_\_\_\_\_.
- My prior training resulted in a certificate of completion dated \_\_\_\_\_.

**Attestation**

I hereby certify that the information contained within this form is complete and true to the best of my knowledge. In addition, I have read and understand the NWU “Policy on Conflict of Interest related to funding under the Public Health Service” which complies with 42 CFR 50 Subpart F. I will update this Disclosure Form within 30 days of any change in status of “significant financial interest” for myself or a family member as defined by the policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For administrative use

Date received by Director of Sponsored Programs: \_\_\_\_\_

Subsequent action: \_\_\_\_\_