**University of Wisconsin-Stevens Point**

**Disclosure of Outside Activities and Significant Financial Interests**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

All faculty and academic staff at UW-Stevens Point must disclose certain outside activities, as outlined in UWS 8.025 and the guidelines approved by the Board of Regents in Regent Policy Document 20-7. In addition, those who plan to participate in, or are participating in, Public Health Service (PHS)-funded research must fully disclose potential financial conflicts of interest and successfully complete financial conflict of interest training. This form includes all of the disclosures for both of these requirements.

This form must be submitted to your department chair or unit director no later than at the time of application for PHS funding, within 30 days of discovering or acquiring a new significant financial interest or outside activity, and at least annually during the period of award. Please read the Definitions for information on which types of financial interests must be reported.

□ I have read the Definitions and do not have any significant financial interests related to my institutional responsibilities or outside activities that require disclosure. (If you check this box, forward the signed form to your chair/director.)

1. **Financial Interests**

I and/or my immediate family hold the following interests that relate to my institutional responsibilities:

□ Remuneration received from a single publicly traded entity in the twelve months preceding this disclosure and/or any equity interest held in the same entity at the date of the disclosure.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Entity | Nature of Interest | Time Spent (days) | Check if: | |
| More than $5,000 | Held 10+% of Equity |
|  |  |  |  |  |

□ Remuneration received from a single non-publicly traded entity in the twelve months preceding this disclosure and/or any equity interest held in the same entity at the date of the disclosure.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Entity | Nature of Interest | Time Spent (days) | Check if: | |
| More than $5,000 | Held 10+% of Equity |
|  |  |  |  |  |

□ Intellectual property rights (e.g., patents, copyrights) from which royalties or other income was received during the period covered by this disclosure.

Name of rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Travel paid for by an external party.

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsor/Organizer | Purpose of Trip | Destination | Duration |
|  |  |  |  |
|  |  |  |  |

1. **Offices and Directorships**

Identify below any business or other organization related to your field of academic interest or professional specialization for which you or your immediate family served as an officer, director, or trustee. No identification need be made for professional societies, trusts, or charitable, religious, social, community service, or political organizations.

|  |  |  |
| --- | --- | --- |
| Name of Business/Organization | City and State | Position Held |
|  |  |  |
|  |  |  |

**C. Institutional Signatures**

Department Chair/Unit Director

□ I have reviewed the information itemized above and to the best of my knowledge find no potential conflict of interest.

□ I have reviewed the information itemized above and find a potential for conflict of interest.

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

Dean

□ I have reviewed the information itemized above and to the best of my knowledge find no potential conflict of interest.

□ I have reviewed the information itemized above and find a potential for conflict of interest.

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

Associate Vice Chancellor for Personnel, Budgets & Grants

□ I have reviewed the information itemized above and to the best of my knowledge find no potential conflict of interest.

□ I have reviewed the information itemized above and find a potential for conflict of interest.

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