**Certification of Compliance with the Policy on  
Conflict of Interest for Academic Faculty and Staff**

**September 1, 2013 to August 31, 2014 (FY2014)**

Upload completed packet, with signatures, into RD2K ([see instructions](http://www.research.uh.edu/Home/Division-of-Research/Research-Services/Research-Policies/Upload-FCOI-form-into-RD2K)) or consult your Departmental Business Office.

**Please review the Conflict of Interest policy on the Division of Research website prior to completing this form:** [**http://www.uh.edu/research/compliance/coi/**](http://www.uh.edu/research/compliance/coi/)**.**

**A Financial Conflict of Interest (FCOI) exists when the Institution, through its designated official(s), reasonably determines that an Investigator’s Significant Financial Interest is related to funded research or educational activities, and could directly and significantly affect the design, conduct, or reporting of these activities. Similarly, if a significant financial interest could reasonably appear to be affected by the research or educational activities, or the interest is in an entity whose financial interests would reasonably appear to be affected by such activities,** **review and elimination or management of the conflict is required. The term "*Investigator*" means *the Project Director or Principal Investigator, Co-Principal Investigators, and any other persons, regardless of title or position, who are responsible for the design, conduct, or reporting of research or educational activities funded or proposed for funding.* Therefore, the policy can apply to collaborators, consultants, postdoctoral fellows, graduate students, and others who meet the threshold for responsibility.**

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Title: |  |

Indicate all agencies from which you receive (either directly or indirectly as a subrecipient) funding for research or educational activities. Also, include agencies to which you are currently applying for funding.

National Science Foundation

National Institutes of Health

Other Public Health Service agencies (ACF, AoA, AHRQ, ATSDR, CDC, CMS, FOH, FDA, HRSA, HIS, SAMHSA)[[1]](#footnote-1)

Specify:

Other funding sources

Specify:

Check one: This is the first time I have submitted a COI certification at UH. Yes  No

Your certification/disclosure information update form is also to be submitted:

* Annually, by October 1 of each fiscal year, to cover the current fiscal year.
* Within 30 days in the case of any new acquisitions or discovery of new significant financial interests.
* At the time of application for new funding if current financial interests could reasonably affect, or be affected by, the proposed research.

**Failure to submit an updated form may delay the submission of proposals or the release of research funding.**

For questions regarding the Policy and/or the certification and disclosure process, contact [COI@central.uh.edu](mailto:COI@Central.UH.edu) or 713-743-9255.

**Significant Financial Interest Certification Questions**

Unless stated otherwise, the following questions apply to your situation as it currently exists. Members of your immediate family include spouse and dependent children.

**The following DO NOT require disclosure:**

* **Financial interests that do not reasonably appear to be related to your institutional responsibilities,**
* Salary, royalties, or other remuneration paid to the Investigator from the Institution that currently employs the Investigator,
* Income from seminars, lectures, or teaching engagements sponsored by, a federal, state, or local government agency; a U.S. Institution of higher education; or a research institute affiliated with such, a medical center, or an academic teaching hospital,
* Income for services (e.g., honoraria, advisory committees, and review panels) and travel expenses paid by a federal, state, or local government agency; a U.S. Institution of higher education; or a research institute affiliated with such, a medical center, or an academic teaching hospital,
* Income from investments in mutual funds or retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles (for example, an interest in a pooled fund), or
* Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) Program Phase I applications and awards.

**For all questions below, the question should be answered "YES" only if the activity might reasonably appear to be related to your institutional responsibilities[[2]](#footnote-2)**

|  |  |  |
| --- | --- | --- |
| YES | NO | 1. Have you or a member of your immediate familyreceived remuneration (non-UH salary or payment for other services such as consulting, honoraria, paid authorship) from a publicly traded[[3]](#footnote-3) entity in excess of $10,000 **($5,000 for PHS-funded investigators)** during the last 12 months? |
| YES | NO | 1. Do you or a member of your immediate family own stock in a publicly traded company, where the value of the stock exceeds $10,000 **($5,000 for PHS-funded investigators)** at the time of this certification? |
| YES | NO | 1. Do you or a member of your immediate family receive a combination of the above two items (stock at the time of certification and income received in the preceding 12 months) that exceeds $10,000 **($5,000 for PHS-funded Investigators)** |
| YES | NO | 1. Do you or a member of your immediate family hold any amount of equity (stock, stock options, or other ownership interest) in a non-publicly traded entity, including a start-up company? |
| YES | NO | 1. Have you or a member of your immediate family received compensation that exceeds $5,000 from a non-publicly traded entity in the past 12 months? |
| YES | NO | 1. Do you or a member of your immediate family serve as a director, trustee, officer, or other key employee in a for-profit corporation, partnership, business, or other entity outside of the University of Houston? |
| YES | NO | 1. Do you or a member of your immediate family have rights to and/or receive royalties from intellectual property (including patents, copyrights, and trademarks, but excluding academic or scholarly works or royalties from intellectual property licensed or managed by the University of Houston) licensed to and/or owned by a for-profit entity? |

**If the answer to any of the items above is "YES," further details are required to be disclosed and reviewed by the University of Houston’s Conflict of Interest Committee (COIC). A Significant Financial Interest (SFI) Disclosure Form must be completed and attached to this Certification prior to routing for required signatures** [**http://www.research.uh.edu/Forms/Conflict-of-Interest**](http://www.research.uh.edu/Forms/Conflict-of-Interest)**.**

**Travel Certification Question**

**The following questions apply ONLY to investigators receiving or applying\* for National Institutes of Health (NIH) or other Public Health Service Funds. Others may skip to the Investigator Certification section below.**

*\*Note: Investigators who are applying for PHS-funded research must disclose this information no later than at the time of grant application.*

If not disclosed previously, in the past 12 months:

* Have you taken any travel sponsored/reimbursed by an applicable[[4]](#footnote-4) third-party?  YES NO
* Is this travel related to your institutional responsibilities?  YES NO

**If the answer to both questions is "YES", the**[**COI Travel Disclosure form**](http://www.research.uh.edu/Forms/Conflict-of-Interest)**must be submitted to the Conflict of Interest office along with this certification form. If travel details are unknown at the time of annual certification, the form must be submitted no later than 30 days following your return.**

**INVESTIGATOR CERTIFICATION**

By submitting this form, I certify that the above information and the information on the attached disclosure (if applicable) is true and complete to the best of my knowledge, and that:

I have read and agree to follow the University of Houston Policies related to Conflict of Interest:

* [MAPP 02.04.07](http://www.uh.edu/af/universityservices/policies/mapp/02/020407.pdf)
* [SAM 01.G.01](http://www.uh.edu/af/universityservices/policies/sam/1GenAdmin/1G1.pdf)
* [Policy on Conflict of Interest for Academic Staff](http://www.research.uh.edu/Home/Division-of-Research/Compliance-and-Committees/Conflict-of-Interest/Policy-on-COI)

(For those funded by or submitting proposals to PHS Agencies (such as NIH) or other agencies who require federally-mandated FCOI training), I have completed the UH Conflict of Interest training requirement within the last 4 years (<http://www.research.uh.edu/Home/Division-of-Research/Compliance-and-Committees/Conflict-of-Interest/COI-Training-Requirement>)

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Signature Page**

**Please note: All Certifications require two acknowledgement signatures.**

**REQUIRED ACKNOWLEDGEMENT SIGNATORY #1**

For the majority of individuals completing this form, Signatory #1 is the **DEPARTMENT CHAIR.**

Exceptions: Department Chairs and Division of Research Center Directors require a signature from the College Dean. College Deans require a signature from the Provost.

I acknowledge, to the best of my understanding, that the information submitted on this form is accurate.

I acknowledge the attached forms (Significant Financial Disclosure and Travel Disclosure, as applicable) are accurate to the best of my understanding.

I acknowledge that I am aware of no other potential conflicts that would necessitate further review.

Comments/additional information or input on managing potential conflict:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |

**REQUIRED ACKNOWLEDGEMENT SIGNATORY #2**

For the majority of individuals completing this form, Signatory #2 is the **COLLEGE DEAN.**

Exceptions: Department Chairs require a signature from the Provost. College Deans and Division of Research Center Directors require a signature from the Vice Chancellor/Vice President for Research and Technology Transfer.

I acknowledge, to the best of my understanding, that the information submitted on this form is accurate.

I acknowledge the attached forms (Significant Financial Disclosure and Travel Disclosure, as applicable) are accurate to the best of my understanding.

I acknowledge that I am aware of no other potential conflicts that would necessitate further review.

Comments/additional information or input on managing potential conflict:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |

Attachments, as necessary:

Significant Financial Interest Disclosure Form  Travel Disclosure Form

1. Administration for Children and Families (ACF);Administration on Aging (AoA); Agency for Healthcare Research and Quality (AHRQ);Agency for Toxic Substances and Disease Registry (ATSDR); Centers for Disease Control and Prevention (CDC); Centers for Medicare & Medicaid Services (CMS);Federal Occupational Health (FOH); Food and Drug Administration (FDA);Health Resources and Services Administration (HRSA);Indian Health Service (IHS); National Institutes of Health (NIH); Substance Abuse and Mental Health Services Administration (SAMHSA) [↑](#footnote-ref-1)
2. Institutional Responsibilities include education, research, and any duties outlined in the Faculty Handbook [↑](#footnote-ref-2)
3. A company whose stock is available for purchase by the general public [↑](#footnote-ref-3)
4. Travel does not require disclosure if the third-party entity reimbursing or sponsoring the travel is:

   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 [↑](#footnote-ref-4)