

WESTERN WASHINGTON UNIVERSITY
FACULTY, STAFF, AND INVESTIGATORS DISCLOSURE STATEMENT
REGARDING PUBLIC HEALTH SERVICE FUNDED PROJECTS

All PHS sponsored investigators must disclose significant financial interests that may constitute a financial conflict of interest.

NAME _____ TITLE _____

DEPARTMENT _____

PHS PROJECT TITLE _____

PRINCIPAL INVESTIGATOR _____ AWARD# _____

Definitions:

Financial Interest: Anything of monetary value or potential monetary value received from a non-University source that reasonably appears to be related to the individual's duties and responsibilities including, but not limited to payment from a non-university source, travel, stock, or intellectual property.

Significant Financial Interest: Any financial interests exceeding \$5,000 per year in value. This includes all sponsored or reimbursed travel regardless of the amount paid by any entity other than the University, the state, or the federal government.

1. Are you, your spouse, or your dependent children, an officer, director, partner, trustee, employee, advisory board member, consultant, or agent of an external organization (for profit or non-profit) that could directly and significantly affect the design, conduct, or reporting of funded research, or the performance of duties and responsibilities performed on behalf of Western Washington University?

____ Yes (describe in detail the name of the entity, the amount of the income, the nature and the extent of the affiliation on an attached sheet)

____ No

2. Did you, your spouse, or your dependent children derive income or royalties in the past year exceeding \$5,000 in the past 12 months from any source other than State, Federal, or an educational organization that could directly and significantly affect the design, conduct, or reporting of funded research, or the performance of duties and responsibilities performed on behalf of Western Washington University?

____ Yes (describe in detail the source of the nature, and extent of the affiliation on an attached sheet)

____ No

3. Do you, your spouse, or your dependent children own stock or an interest in a company exceeding \$5,000 that could directly and significantly affect the design, conduct, or reporting of funded research, or the performance of duties and responsibilities performed on behalf of Western Washington University?

____ Yes (if so, describe in detail the nature and extent of the affiliation on an attached sheet)

____ No

4. Did you, your spouse, or your dependent children receive any research-related travel reimbursements or travel directly paid for by an entity (of any value) other than State, Federal, or an institute of higher education?

____ Yes (describe in detail the source of the payment, the destination, the duration of the trip, the purpose of the trip, and the value of the trip.)

____ No

CERTIFICATION

I have read and concur with the Financial Disclosure Policy for PHS-Funded Projects. The above questions are answered in a complete and accurate manner and are a reflection of my current reportable interests and activities.

SIGNATURE: _____ Date _____

Faculty, Staff, or Student Signature