

**Liberty University**  
**Financial Conflict of Interest Disclosure Form**

A Financial Conflict of Interest Disclosure Form (DF) is required for all persons applying for or receiving funding from federal sponsors for research projects or any funding received by Public Health Service Agencies (PHS). DF's will be evaluated regarding significant financial interests in non-university (non-LU) entities. These regulations apply to current interests and interests in the **12 months preceding** the submission of the DF, rather than interests that are anticipated in the future.

If you need assistance filling out the Financial Conflict of Interest Disclosure Form, contact the Office of Sponsored Programs at (540) 582-4667 or <http://www.liberty.edu/offices/sponsoredprograms/>

**Basic Information**

Name:

Email:

Department:

Sponsor:  Public Health Service (PHS)  Other:

I am an external investigator (*non-LU employee*):  My organization

LU's PI

**Type of Disclosure**

**New**

**Amended**

**Annual Reporting**

**Disclosure:** For the purpose of this disclosure, Institutional Responsibilities mean an investigator's professional responsibilities on behalf of the university which may include activities such as research, research consultation, teaching, professional practices, institutional committee memberships, and service on panels.

**Entity:** Any domestic or foreign, public or private, organization (excluding a Federal agency) from which an Investigator (and spouse and dependent children) receives remuneration or in which any person has an ownership or equity interest.

**Publicly Traded Entity:** A company which has issued securities (stock/shares, bonds/loans, etc.) through an offering, which are now traded on the open market (opposite of a private company).

**1. Publicly Traded Entity (*Income & Equity Interests*)**

Have you or your spouse, and/or dependent children received income or payment for services for the past 12 months or own equity (stock) interest in any publicly traded entity related to your institutional responsibilities exceeding \$5,000 when **aggregated**? This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.

**YES**       **NO**

If yes, please provide the following:

**Name of entity:**

**Nature of the significant financial interest (*e.g., equity, consulting fees, travel reimbursement, honoraria*):**

**Value of the significant financial interest or statement why a value cannot be readily determined:**

2. **Non-Publicly Traded Entity (Income)**

Have you or your spouse, and/or dependent children received income or other payment for services, in the past 12 months related to your Institutional responsibilities exceeding \$5,000, when **aggregated**, from any non-publicly traded entity? This does not include income from seminars, lectures, or teaching engagements sponsored by a U.S. federal, state, or local government agency, a U.S. institution of higher education or an affiliated research institute, an academic teaching hospital,  a medical center.

YES  NO

If yes, please provide the following:

**Name of entity:**

**Nature of the significant financial interest** (e.g., equity, consulting fees, travel reimbursement, honoraria):

**Value of the significant financial interest or statement why a value cannot be readily determined:**

(Equity Interests) Do you or your spouse, and/or dependent children currently own, or have acquired in the past 12 months, **any** equity interest in any non-publicly traded entity related to your institutional responsibilities? This can include any stock, stock option or other ownership interest.

YES  NO

If yes, please provide the following:

**Name of entity:**

**Nature of the significant financial interest** (e.g., equity, consulting fees, travel reimbursement, honoraria):

**Value of the significant financial interest or statement why a value cannot be readily determined:**

3. **Intellectual Property Rights and Interests**

Have you or your spouse, and/or dependent children received any payments, in the past 12 months, for any intellectual property rights and interests (e.g. patents, copyrights, assigned or licensed to a party other than LU) exceeding \$5,000 related to your institutional responsibilities?

YES  NO

If yes, please provide the following:

**Name of entity:**

**Nature of the significant financial interest** (e.g., equity, consulting fees, travel reimbursement, honoraria):

**Value of the significant financial interest or statement why a value cannot be readily determined:**

4. **Travel Reimbursement/Scholarship**

Have you received travel reimbursement or been sponsored for travel (i.e. travel expenses paid on behalf of Investigator and not reimbursed to Investigator) in excess of \$5,000 per entity in the 12 months prior to disclosure, by any entity related to your institutional responsibilities? This does not include travel sponsored or reimbursed by a U.S. federal, state, or local government agency, a U.S. institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center.

YES       NO

Please provide a brief description of the following:

**Purpose of trip:** \_\_\_\_\_

**Sponsor/organizer:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

\*The disclosure requirement does not apply to travel that is reimbursed or sponsored by the following:

- a federal, state, or local government agency,
- an Institution of higher education as defined by 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

**Acknowledgement & Certification**

I have read LU's Policy on Conflict of Interests Disclosure for Sponsored Programs and I certify under penalty of perjury that this is a complete disclosure of all my significant financial interests related to my institutional responsibilities. I have used all responsible diligence in preparing this Financial Interest Disclosure and to the best of my knowledge, it is true and complete. I also acknowledge that by signing my name below that it is my responsibility to disclose, **within 30 days**, any new significant financial interests obtained during the term of the above proposed project to the Office of Sponsored Programs.

<b>Name of Investigator (Printed):</b>			
<b>Signature of Investigator:</b>		<b>Date:</b>	
<b>Received by Office of Sponsored Programs:</b>		<b>Date:</b>	
<b>COI Committee Review (if applicable):</b>		<b>Date:</b>	

*\* If you require additional space to list your Significant Financial Interests, please attach additional pages as needed.*

If you have any questions related to this form please contact:  
 Office of Sponsored Programs  
 Green Hall, 2725  
 (434) 582-4667