Conflict of Interest Disclosure Form

Definitions:

A. Conflict of Interest: Occurs when the personal interests, financial or otherwise, of a person who owes a duty to East Tennessee State University actually or potentially diverge from the person’s professional obligations to, and from the best interests of, the University.

B. Family Member: Includes the parent, spouse, and children (both dependent and non-dependent) of a person covered by this policy. Other ETSU policies may have definitions of “family member” and those definitions apply in the instances covered by the relevant policy.

C. Immediate Family - For purposes of General Disclosure Requirements section of T.C.A. § 12-4-103, immediate family means spouse, dependent children or stepchildren, or relatives related by blood or marriage.

This Conflict of Interest Disclosure Form should indicate whether the faculty member has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the individual's responsibilities as an ETSU faculty member. The faculty member should also disclose any personal, business, or volunteer affiliations that may give rise to a potential or actual conflict of interest. Potential or actual conflicts of interest must be disclosed, monitored and managed by the appropriate University official.

Date:

Name of Faculty Member:

Department/Position:

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could give rise to a potential or actual conflict of interest:

___ I have no conflict of interest to report.

___ I have already reported conflicts of interest on either the ETSU Significant Financial Interest Disclosure Form for research or an ETSU Continuing Medical Education conflict of interest disclosure and have no other disclosures to report.

___ I have the following conflict(s) of interest to report:
Conflict of Interest Disclosure Form

Please list all relationships or business affiliations where you are or a member of your immediate family is an officer, director, trustee, partner, employee or agent of such organization.
1.
2.
3.

Please list all relationships or business affiliations where you or a member of your immediate family is the actual or beneficial owner of more than 4% of the voting stock or controlling interest in such organization.

Please list all relationships or business affiliations where you have or a member of your family has any direct or indirect dealings with such organization (not listed above) from which you knowingly materially benefit (i.e., through receipt directly or indirectly of cash or other property in excess of $4,000 per year exclusive of dividends or interest).

ADDITIONAL INFORMATION: List any additional information you wish to disclose. (Examples: financial or other interest in a business which manufactures medical devices or equipment, pharmaceuticals, or other health care products; royalties paid in connection with intellectual property rights such as patents and copyrights; business or financial relationships with research sponsors.)

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Faculty Signature:_____________________________ Date: ________________

____ I have reviewed this reported conflict of interest and determined that a significant conflict of interest does not exist.

____ I have reviewed this reported conflict of interest and determined that a potentially significant conflict of interest does exist, and that it should be referred to the East Tennessee State University (ETSU) Conflict of Interest Disclosure Review Committee.

Comments: ________________________________________________________________
___________________________________________________________________________

Supervisor Signature:_____________________________ Date: ________________

V. May 2021