

ATTACHMENT A to APM A5.504**University of Hawai'i Conflicts of Interest Disclosure Form**

This form must be completed by all employees (defined in Section II.K. of APM A5.504) as required by UH Executive Policy E5.214. Disclosures must be provided:

1. Annually by April 15;
2. Immediately when a new relationship or financial interest arises;
3. When a previous disclosure or conflict status is modified;
4. Within 30 days of new hire or appointment;
5. That exist at the time of filing; or
6. That existed during the previous 12 months;
7. For interests of the employee **and** employee's immediate family<sup>1</sup>.

Part I and Part II (if applicable) must be completed, signed, dated, and given to your supervisor for their review and signature. If assistance is needed, Supervisors will forward disclosure forms to the Office of Research Services, Compliance Section. Contact ORS if you have any questions at [compliance@ors.hawaii.edu](mailto:compliance@ors.hawaii.edu).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ School/College/Unit: \_\_\_\_\_

Department: \_\_\_\_\_

**PART I**

## 1. Ownership Interests

Do you or any member(s) of your immediate family own or control any equity interest (e.g., stock, stock options) in an entity<sup>2</sup> that could appear to be related to your institutional responsibilities?

YES      ÁNO

## 2. Offices and Positions

Are you or any member(s) of your immediate family a director, board member, officer, trustee, partner, employee, agent, or hold any other position for an entity outside the University of Hawai'i that could appear to be related to your institutional responsibilities?

YES      NO

## 3. Remunerative Activities

Do you or any member(s) of your immediate family receive income or compensation for services (e.g., fees, honoraria, loans, gifts, royalties, cash or in-kind compensation) that could appear to be related to your institutional responsibilities from any entity outside the University that when aggregated exceeds \$5,000.00 per year?

YES      NO

<sup>1</sup>"Immediate family" signifies the employee's spouse, domestic partner, or reciprocal beneficiary and dependent children.

<sup>2</sup>"Entity" signifies any corporation, partnership, sole proprietorship, firm, franchise, association, organization, holding company, joint stock company, receivership, business, real estate trust, or any other legal body organized for profit or nonprofit purposes.

4. Outside Employment of Students or Staff

a) Do you employ or plan to employ any of your students or staff member(s) in an entity outside the University? **OR** b) do any students or staff member(s) participate in your non-University activities?

a) YES NO b) YES NO

5. Sponsored Travel

Have you or any members of your immediate family, received reimbursement or sponsorship for travel related to your institutional responsibilities? If so, was the total travel cost greater than \$5,000 when aggregated for each entity, or was travel sponsored or reimbursed by an outside entity (excluding federal, state, or local government agencies, institutions of higher education [as defined by 20 U.S.C 1001(a)], academic teaching hospitals, medical centers, or research institutes affiliated with an institution of higher education?

YES NO

6. Other Transactions or Facts

Do you or any member(s) of your immediate family have an interest in any contract, sale, or other transaction to which the University of Hawai'i or one of its affiliates is a party, or are there other situations, not listed above, that you believe may create a conflict of interest or commitment?

YES NO

PART I: SIGNATURE AND CERTIFICATION

**If you answered "Yes" to any of the Part I questions you MUST complete Part II of this disclosure form.**

By signing this form, I certify the following: 1) I have read and understand the University of Hawai'i Policy on Conflicts of Interest and Commitment; 2) the information in this disclosure form is an accurate and complete statement of my outside interests and activities; and, 3) I understand my continuing obligation to disclose any change(s) to my significant financial interests and other conflicts of interests that may arise after submission of this form.

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

**Supervisor's Certification**

I certify that the person named above reports to me and I have reviewed this disclosure form. To the best of my knowledge:

No conflicts of interest or commitment exist and no further action is required; or  
Potential existing conflicts have been reported and further review may be required.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Conflicts of Interest Disclosure Form **PART II**  
Detailed statement of Outside Interests and Activities

COMPLETE PART II IF YOU ANSWERED "YES" TO ANY OF THE PART I QUESTIONS.

1. Equity/Ownership Interests

Provide details of ownership or equity interest for yourself and any member(s) of your immediate family (including stock, stock options, or other securities) in an entity that appears to be related to your institutional responsibilities.

Entity name	Description of entity	Individual holding the interest	Amount of annual income/compensation (if when aggregated exceeds \$5,000) <u>or</u> ownership percentage

Do you use University resources to conduct business for any of these entities (e.g., University office or laboratory, phone, computer, stationery, or other supplies)? If so, please indicate resource(s) used and for which entity.

## 2. Associations, Memberships, Positions

Please provide details for any position(s) you or any member of your immediate family hold as director, board member, officer, trustee, partner, employee, agent, or any other position in an entity outside of the University that appears to be related to your institutional responsibilities.

Entity name	Amount of annual income/ compensation received (if over \$5,000)	Position, individual holding the interest & description of activity (in detail)	Time dedicated to activity (days/month, days/year)

Do you use University resources to conduct business for any of these entities (e.g., University office or laboratory, phone, computer, stationery, or other supplies)? If so, please indicate resource(s) used and for which entity.

## 3. Remunerative Activities

Provide details of income or compensation you or any member of your immediate family receives (e.g., consulting fees, honoraria, lecture fees, salary, loans, gifts, royalty payments, cash or in kind) from any entity outside the University that appears to be related to your institutional responsibilities and that when aggregated exceeds \$5,000 per year.

Entity name	Amount of annual income/ compensation received (if over \$5,000)	Individual holding the interest & description of activity (in detail)	Time dedicated to activity (day/month, days/year)

Do you use University resources to conduct business for any of these entities (e.g., University office or laboratory, phone, computer, stationery, or other supplies)? If so, please indicate resource(s) used and for which entity.

## 4. Outside Employment of Students or Staff

Do you or any member of your immediate family employ or plan to employ any of your students or staff member(s) in an entity outside of the University? **OR** do any students or staff participate in your non-University activities? If so, please describe below:

Entity name	Name of student(s) or staff	Describe activity performed (in detail)	Time dedicated to activity (hrs/day, days/mo.)

## 5. Sponsored Travel

Please provide details about travel (for yourself or members of your immediate family) reimbursed or sponsored by an entity **NOT** considered to be a federal, state, or local government agency, an institution of higher education or affiliated with an institution of higher education [as defined by 20 U.S.C 1001(a)], which appears to be related to your institutional responsibilities.

Entity/Sponsor/Organizer name	Individual traveling/ Purpose of trip	Travel destination and duration of trip	Total travel costs(if when aggregated exceeds \$5,000)

## 6. Goods and Services

Please provide details of your or any member of your immediate family's interest(s) in any contract, sale, or other transaction to which the University of Hawai'i or one of its affiliates is a party.

Entity name	Relationship to entity	Individual holding the interest and role in transaction (in detail)	Amount of transaction

## 7. Other Situations or Facts

Are there other situations, not listed above, that you believe may create a conflict of interest or commitment? Please describe such situations, including nature, parties, subject matter, income or compensation received.

PART II: SIGNATURE AND CERTIFICATION

By signing this form, I certify the following: 1) I have read and understand the University of Hawai'i Policy and Procedures on Conflicts of Interest and Commitment; 2) the information in this disclosure form is an accurate and complete statement of my outside interests and activities; and 3) I understand my continuing obligation to disclose any change(s) to my significant financial interests and other conflicts of interests that may arise after submission of this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Supervisor's Certification**

I certify that the person named above reports to me and I have reviewed this disclosure form. To the best of my knowledge, full disclosure of significant financial and other interests have been reported. I understand that further review may be conducted by other Senior Administrators, ORS, and/or the Conflicts of Interest Committee (COIC) may be called upon to assist in the development of an appropriate management plan.

Based on my review of the completed disclosure(s):

Potential conflict(s) of interest exist?	Yes	No
Potential conflict(s) of commitment exist?	Yes	No

If yes, select one:

- Conflict(s) have been eliminated.
- No management plan is necessary/no further action required.
- An appropriate management plan is/will be in place.
- A management plan will be developed and submitted for review.
- Additional assistance is requested.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



ATTACHMENT B to APM A5.504**ANNUAL SUMMARY REPORT OF CONFLICTS OF INTEREST DISCLOSURES**

Deans, Directors, and other Senior Administrators of research or academic units, schools and colleges, and other organized units shall compile an annual report to submit to their respective Vice Chancellor or Chancellor by June 30 of each year. The report shall include the following:

1. The number of department/unit faculty, staff, or administrators who were required to submit disclosure forms, **AND** the number of those who actually submitted disclosure forms.
2. A list of individuals, if any, who did NOT submit the required disclosure form.
3. The number of department/unit faculty, staff, or administrators who completed Part II of the disclosure form.
4. For all Part II disclosures identified as potential or actual conflicts, but for which conflicts were resolved, provide the individual's name, disclosure/conflict type, and how the conflict was resolved.
5. For all Part II disclosures identified as potential or actual conflicts that were not resolved provide the individual's name, disclosure/conflict type, and mitigation/resolution recommendations or plans for each unresolved case.