

UNIVERSITY OF CENTRAL OKLAHOMA
Office of Research &
Sponsored Programs



DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST FORM

Please submit completed form to the Office of Research & Sponsored Programs, NUC341

Name: _____

Department: _____ **College:** _____

Phone: _____ **Email:** _____

Proposal Title: _____

Funding Agency: _____

All persons (Principal Investigators or Project Directors) responsible for designing, conducting, or reporting research for which The University of Central Oklahoma submits a new, renewal, or continuation application to an external agency for external funding must provide the following information:

Do you, your spouse or dependent children have a significant financial interest, which would reasonably appear to be affected by the research for which you seek funding?

YES

NO

Do you, your spouse or dependent children have significant financial interest in any business or legal entity whose financial interests would reasonably appear to be affected by this research?

YES

NO

If your answer to either question is “yes,” you must also answer the following:

Please list all such significant financial interests, indicating the nature of each interest and its approximate monetary value:

If I am the Principal or Co-Principal Investigator for this research project, I understand and agree that I must ensure that all persons responsible for the design, conduct or reporting of the proposed research complete this Disclosure Form. All required Disclosure Forms are attached.

I understand and agree that I must promptly file an update to this Disclosure Form if any of the information reported here should change materially.

I certify that I have read and understand the UCO Research and Sponsored Projects Conflict of Interest Policy and Procedures, that I have made all required financial disclosures, and that I will comply with the Policy and any conditions or restrictions imposed by the University to manage, reduce, or eliminate actual or potential conflicts of interest.

Signature: _____ Date: _____

Please Print Name: _____

I, as the designated university official, certify that all financial disclosures required by the conflict of interest policy were made; and that actual or potential conflicts of interest, if any, were, prior to funding the award, satisfactorily managed, reduced or eliminated in accordance with the University’s conflict of interest policy or disclosed to the agency involved.

Signature: _____ Date: _____