

Plymouth State University
Financial Disclosure Statement

(submitted pursuant to the requirements of the
Financial Conflict of Interest Policy for PHS-Funded Projects)

Name: _____

I am reporting on activities: for the year _____
 as an addendum to my most recent report

<input type="checkbox"/> yes	<input type="checkbox"/> no	1. Compensation (including travel expenses). Have you or a member of your immediate family received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	2. Equity. Do you or a member of your immediate family own stock or hold stock options with a publicly-traded or privately-owned entity? If yes, furnish information on an additional page. USNH retirement funds are excluded from reportage.
<input type="checkbox"/> yes	<input type="checkbox"/> no	3. Role. Do you or a member of your immediate family serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of Plymouth State University? If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	4. Intellectual Property. Do you or a member of your immediate family have rights to and/or receive royalties from intellectual property (including, patents, copyrights and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by Plymouth State University. If yes, furnish information on an additional page.

Certification:

I have read and understand the Plymouth State University’s policy on Financial Conflict of Interest in PHS-Funded Projects and have completed this report to the best of knowledge and belief. If required, I will comply with any conditions or restrictions imposed by Plymouth State University to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of my immediate family, change in a way that results in different answers to any of the questions asked in this report; I agree to submit a revision.

(date)

(signature)

additional page(s) attached
 Addition to Financial Interests Report of: _____
 Name

Reporting for self family member:
 name: _____
 relationship: _____

Name of External Entity: _____
 Address of External Entity: _____

Type of external relationship; please check all that apply.*

	Income As:/From:	Estimated Amount
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Speaker	
<input type="checkbox"/>	Advisory Board or Committee	
<input type="checkbox"/>	Equity Holdings	
<input type="checkbox"/>	Governing Board or Officer	
<input type="checkbox"/>	Intellectual Property Rights	
<input type="checkbox"/>	Royalty Income	
<input type="checkbox"/>	Other (describe below)	

Amount of compensation or financial interest in reporting period: \$ _____

If travel paid by above entity:
 Destination _____
 Amount \$ _____

Comments or explanatory information:

*Any PSU Investigator responsible for the design, conduct, or reporting of research activities funded or proposed for funding by a PHS Funding Agency and as overseen by PSU must reveal all Significant Financial Interests (for definition of SFI, please see PSU Financial Conflict of Interest policy at www.plymouth.edu/office/sponsored-programs that relate to the project, and the Investigator's institutional responsibilities (i.e. an Investigator's professional responsibilities on behalf of PSU).