The University of North Carolina at Asheville

Disclosure and Evaluation of Potential Conflicts of Interest and Commitment
(Including External Professional Activities for Pay and Nepotism)

Name: ____________________________

Department/Program: ________________ Date: ________________________

External Grant Funding (if applicable): ______________________________________

NOTICE

CONFIDENTIAL PERSONNEL RECORD

This document constitutes a confidential personnel record under state law. It contains information relating to the above named individual’s employment with the State of North Carolina and is part of that individual’s official personnel file. The information disclosed in this form is available only to individuals duly charged with the responsibility for review, and the information may be released only in accordance with and as required by North Carolina law, federal law or lawful court order.

This form is to be completed by all members of the faculty and professional staff who answer yes to any of the questions below, acknowledging participation in activities which (1) create the potential for financial or personal conflict of interest, or (2) qualify as external professional activities for pay, which may constitute a conflict of commitment. The form is to be submitted to the immediate supervisor for evaluation and the development of a management plan as needed. After review, these records will be submitted to the appropriate division (Academic Affairs, Financial Affairs, Student Affairs, Athletics, or the Chancellor’s Office) for recordkeeping. For those who receive external grant funding, copies will be submitted to the Office of Sponsored Scholarship and Programs for tracking purposes.

For the purpose of this policy, Immediate Family is defined as spouse, parent, brother or sister, son or daughter, and others living within the same household or otherwise so closely identified with each other so as to suggest conflict of interest.

Financial Interest is defined as:

1) Payment for services to the Covered Employee not otherwise defined as institutional salary (e.g. consulting fees, honoraria, paid authorship);

2) Equity or other ownership interest in a publicly or non-publicly traded entities (e.g. stock, stock options, or other ownership interest); or,

3) Intellectual property rights and interests upon receipt of income related to such rights and interests held by the Covered Employee or members of his/her immediate family.

Income from investment vehicles, such as mutual funds or retirement accounts, in which the Covered Employee or member of his/her immediate family do not directly control the investment decisions and intellectual property rights assigned to the Institution and agreements to share in royalties related to such rights are excluded from the definition of Financial Interest.
A. Activities that are allowable and are disclosed
(If the answer to any of these questions is yes, please complete Appendix A.)

Do you now, or are you planning in the next year to

Yes
[ ] 1. Receive royalties for published scholarly works and other writing or for licensure of patented inventions subject to the UNC Patent and Copyright Policies (UNC Policy Manual 500.2)?

[ ] 2. Engage in External Activities for Pay, in the form of honoraria or expense reimbursement from anyone other than the University, for services utilizing your professional expertise, including consulting, service to professional associations, service on review panels, presentation of scholarly works, and participation in accreditation reviews?

B. Activities requiring disclosure for further administrative review and analysis
(If the answer to any of these questions is yes, please complete Appendix B.)

Do you now, or are you planning in the next year to

Yes
[ ] 1. Require students to purchase a textbook or related instructional materials produced or authored by you or members of your immediate family or household, which produces compensation for you or a member of your immediate family or household?

[ ] 2. Receive compensation or gratuities from any individual or entity doing business with the University?

[ ] 3. Serve on the board of directors or scientific advisory board of an enterprise that provides financial support for University research conducted by you or a member of your immediate family or household?

[ ] 4. Serve in an executive position in a for-profit or not-for-profit business which conducts research or other activities in an area related to your University duties?

[ ] 5. Have a financial interest in a for-profit business which conducts research or other activities in an area related to your University duties?

[ ] 6. Have a financial interest in a business that competes with services provided by the University?

[ ] 7. Accept support for University research under conditions that require research results to be held confidential or unpublished, or inordinately delayed in publication (other than as allowed by Patent and Copyright policies or by policy of the Board of Governors dated February 12, 1988, Administrative Memorandum No. 260)?

C. Activities or relationships that are generally not allowable or permitted unless an approved Conflict of Interest Management Plan is in place. (If the answer to any of these questions is yes, please complete Appendix C.)

Do you now, or are you planning in the next year to

Yes
[ ] 1. Participate in University research involving a technology owned by or contractually obligated to (by license or option to license) an enterprise or entity in which you or a member of your immediate family or household has a consulting relationship, a financial interest, or holds an executive position?
Yes

[ ] 2. Participate in University research which is funded by grant or contract from an enterprise or entity in which you or a member of your immediate family or household has a financial interest? 

[ ] 3. Assign students, postdoctoral fellows or other trainees to University research projects sponsored by an enterprise or entity in which you or a member of your immediate family or household has a financial interest?

[ ] 4. Make referrals of University business for an external enterprise in which you or a member of your immediate family or household has a financial interest?

[ ] 5. Have supervisory or evaluative responsibilities for a member of your immediate family or household who is also an employee of the University?

[ ] 6. Have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University employment?

D. I hereby acknowledge that I have read and understand the Conflicts of Interest and Commitment Policy and that the information I have given indicates all potential conflicts of interest and commitment with regard to my position at the University of North Carolina Asheville. I also acknowledge that I have a continuing obligation to file an updated form prior to filing the next annual report if changes arise that I believe may either: (a) give rise to an additional potential conflict of interest or commitment, or (b) eliminate a conflict previously discussed.

Signature ___________________________ Date ___________________________
Appendix A: Report of activities which are allowable but must be disclosed.

Name: ________________________________

Title/Rank: ___________________________ Department/Unit: _________________________

Campus Address: ________________________ Campus Phone: _________________________

Please provide the information requested below for each item to which you answered “yes” on the annual disclosure form under Section A.

1. Receive royalties for published scholarly works and other writing or for licensure of inventions pursuant to the Patent and Invention Policy and the Copyright Ownership and Use Policy?
   a. Name of the work: ________________________________
   b. Royalties received: ________________________________

2. Engage in External Activities for Pay, in the form of honoraria or expense reimbursement, from anyone other than the University for services utilizing your professional expertise, including consulting, service to professional associations, service on review panels, presentation of scholarly works, and participation in accreditation reviews?
   a. Name of the activity: ________________________________
   b. Compensation received: ________________________________
   c. Contracting organization: ________________________________
   d. Hours per week and duration of activity: ________________________________
   e. Classes or other university activities missed due to involvement in this activity, if any: ________________________________
   f. Is the compensating agency one which provide funding to UNC Asheville in support of your duties or one in which you or a member of your immediate family has a financial interest? ________________________________

________________________________________
Signature

________________________________________
Date
**Appendix B: Report of activities requiring disclosure for further administrative review.**

Name: __________________________________________

Title/Rank: ____________________________ Department/Unit: ____________________________

Campus Address: ____________________________ Campus Phone: ____________________________

Please provide the information requested below for each item to which you answered “yes” on the annual disclosure form under Section B.

1. Require students to purchase a textbook or related instructional materials produced or authored by you or members of your immediate family or household which produces compensation for you or a member of your immediate family or household.
   a. Give the name and description of the textbook or related instructional materials:
      __________________________________________
   
   b. List the authors and their relationship to the University:
      __________________________________________
   
   c. State why this text or related materials was the best choice for the class:
      __________________________________________

2. Receive compensation or gratuities from any individual or entity doing business with the University.
   a. Name of the individual or entity: __________________________________________
   
   b. Describe the nature and value of the compensation or gratuities:
      __________________________________________

3. Service on the board of directors or scientific advisory board of an enterprise that provides financial support for University research conducted by you or a member of your immediate family or household.
   a. Name of the enterprise: __________________________________________
   
   b. Position you hold: __________________________________________
   
   c. Describe your duties: __________________________________________
   
   d. Describe the University research in which you or your family/household members participate that is funded by the enterprise:
      __________________________________________
4. Service in an executive position in a for-profit or not-for-profit business which conducts research or other activities in an area related to your University duties.

g. Name of the business: ____________________________________________

h. Position you hold: ____________________________________________

c. Describe your duties in that position: ____________________________

d. Describe the research or other activities conducted by the business and how they relate to your University duties:

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5. Have a financial interest in a for-profit business, which conducts research or other activities in an area related to your University duties.

a. Name of the business: ____________________________________________

b. Describe the research or other activities conducted by the business and how they relate to your University duties:

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c. Describe the nature and amount of your financial interest in the business:

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6. Have a financial interest in a business that competes with services provided by the University

a. Name of the business:

b. Describe the activities conducted by the business and how they compete with services provided by the University:

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c. Describe the nature and amount of your financial interest in the business:

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7. Accept support for University research under conditions that require research results to be held confidential or unpublished or inordinately delayed in publication (other than as allowed by Patent and Copyright policies or by policy of the Board of Governors dated February 12, 1988, Administrative Memorandum No. 260).

a. Name of the individual or entity providing support: ______________________________

b. Describe the conditions imposed or agreed to: ______________________________
   ______________________________
   ______________________________

________________________________________
Signature

________________________________________
Date
Appendix C: Report of activities not allowable without a Conflict of Interest Management Plan

Name: ____________________________________________________________

Title/Rank: _______________________________ Department/Unit: __________________________

Campus Address: ____________________________ Campus Phone: ___________________________

Please provide the information requested below for each item to which you answered “yes” on the annual disclosure form under Section C.

1. Participate in University research involving a technology owned by or contractually obligated to (by license or option to license) an enterprise or entity in which you or a member of your immediate family or household, has a financial interest or holds an executive position.
   a. Name of the business: _____________________________________________
   b. Position you or your family/household member holds, if any: _____________________________
   c. Describe the duties of the position: _____________________________________________
   d. Describe the nature and amount of the financial interest that you or your family/household member holds in the business:
   _____________________________________________
   e. Describe the University research in which you or your family/household member participates, if any:
   _____________________________________________
   f. What is the licensed or obligated technology? _____________________________

2. Participate in University research that is funded by grant or contract from an enterprise or entity in which you or a member of your immediate family or household has a financial interest.
   a. Name of the business: _____________________________________________
   b. Describe the nature and amount of the financial interest that you or your family/household member holds in the business:
   _____________________________________________
   c. Describe the University research in which you or your family/household member participates:
   _____________________________________________
3. Assign students, postdoctoral fellows or other trainees to University research projects sponsored by an enterprise or entity in which you or a member of your immediate family or household has a financial interest?
   a. Name of the business: __________________________________________________________
   b. Describe the nature and amount of the financial interest that you or your family/household member holds in the business:
   c. Identify the University research assignments to which the students are assigned:

4. Make referrals of University business for an external enterprise in which you or a member of your immediate family or household has a financial interest.
   a. Name of the external enterprise: ________________________________________________
   b. Describe the nature and amount of the financial interest that you or your family/household member holds in the business:
   c. Describe the referrals of University business made: ________________________________

5. Have supervisory or evaluative responsibilities for any related person who is also an employee of the University.
   a. Name and position of the family/household member:
   b. Describe your supervisory or evaluative responsibilities:

6. Have any other relationships, commitments or activities that might present or appear to present a conflict of interest or commitment with your University employment.
   Describe: _________________________________________________________________

__________________________________________________________________________

Signature

__________________________________________________________________________

Date
ADMINISTRATIVE EVALUATION
(to be completed by appropriate supervisor)

Based on the activity reported, and to the best of my knowledge and in my judgment:

Category A activities which are allowable but must be disclosed

___ Activities are consistent with university policy.

Category B activities which require further administrative review

___ Activities reviewed and determined to not constitute a conflict of interest or commitment

___ Activities reviewed and, after additional explanation, determined to not constitute a conflict of interest or commitment (Attach explanation).

___ Activities reviewed and determined to constitute conflict of interest or commitment, requiring a conflict of interest management plan. (Attach management plan)

Category C activities which are not allowed without an approved Conflict of Interest Management Plan.

___ Activities reviewed and determined not to constitute a conflict of interest or commitment. A Conflict of Interest Management Plan is not required. (Attach explanation)

___ Activities reviewed and determined to constitute conflict of interest or commitment, requiring a Conflict of Interest Management plan, which requires administrative approval (Attach management plan).

___ A conflict was reported, but it cannot be satisfactorily managed, reduced or eliminated. The activity is not allowed to continue. If appropriate, conflict will be reported to the granting agency. (Attach explanation)

Signature of Supervisor
Title
Date

In cases where a Conflict of Interest Management Plan is required, approval of this plan by the appropriate Dean or next-level supervisor is required.

Signature of Dean
Title
Date