**Rowan University Social, Behavioral and Educational Institutional Review Board**

**ATTACHMENT A**

**INVESTIGATOR FINANCIAL & OTHER PERSONAL INTERESTS DISCLOSURE FORM – Part 1**

<table>
<thead>
<tr>
<th>PROJECT TITLE</th>
<th>PRINCIPAL INVESTIGATOR</th>
<th>DEPARTMENT</th>
<th>PHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FUNDING AGENCY OR SPONSOR</th>
<th>TOTAL REQUESTED BUDGET</th>
<th>REQUESTED START DATE</th>
</tr>
</thead>
</table>

**TYPE**

☐ Research  ☐ Training/Education  ☐ Service  ☐ Other

**NOTHING TO DISCLOSE:** CHECK "NO" COLUMN BELOW

I, and/or my spouse, domestic partner, children, parents, and siblings who reside in the same household do not have, **within the previous twelve (12) months**, any financial or other personal interests (as defined on the next page of this document) to disclose.

**DISCLOSURE TO BE MADE:** CHECK "YES" COLUMN BELOW

I, and/or my spouse, domestic partner, children, parents, and siblings who reside in the same household **DO/DOES have**, **within the previous twelve (12) months**, financial or other personal interests (as defined on the next page of this document) to disclose.

I certify that the information on this form is correct; that I have read and understood the Rowan University Conflict of Interest Policy; that, to the best of my knowledge, all required disclosure of financial and other personal interests has been made herein; that I will complete a Disclosure Form on an annual basis during the duration of the research, or more frequently as new interests are obtained or if my situation with respect to potential conflict of interest otherwise changes since my original disclosure, and submit it to the Rowan University Social, Behavioral, and Educational Institutional Review Board.

<table>
<thead>
<tr>
<th>NAME (PRINT &amp; SIGN) (see definition of &quot;investigator&quot; on the reverse)</th>
<th>NO</th>
<th>YES</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINCIPAL INVESTIGATOR</td>
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<td>&quot;INVESTIGATOR&quot;</td>
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**USE ADDITIONAL FORM(S) FOR ADDITIONAL INVESTIGATORS.**

☐ This project involves a contract, subcontract or collaboration with an outside institution or group.

☐ Attached is a written assurance from an appropriate official of this outside entity that individuals from the outside entity who will participate in this project comply with the outside entity's investigator conflict-of-interest policy and that such policy meets the requirements of the PHS (42 CFR Part 50, Subpart F).

☐ In the event the outside entity has no investigator conflict-of-interest policy, attached are a written assurance from an appropriate official of this outside entity that individuals from the outside entity who will participate in this project comply with Rowan University’s Conflict of Interest policy, plus all Rowan University Disclosure Forms completed by these individuals.

Signature of Department Chair (or Dean if Investigator is Chair) or Vice President

__________________________________________________________ Date

Signature of Department Chair (if project involves more than one department)

__________________________________________________________ Date

Signature of Department Chair (if project involves more than one department)

__________________________________________________________ Date
INSTRUCTIONS AND DEFINITIONS

EACH "investigator," as defined below, on a research or training project must complete his/her section of the Disclosure Form which must then be submitted with the proposal to the Social, Behavioral and Educational Institution Review Board. This requirement pertains to both funded and unfunded research or training activity. If the project is to be funded, please attach this disclosure form to your Proposal Planning Form submitted to the Office of Sponsored Programs.

The term "investigator" means:

• the principal investigator,
• co-principal investigators, co-investigators, and
• any other University personnel who, in the course of their association with the University are or will be responsible for the design, conduct, administration, collaboration, analysis and/or reporting of either research or training activities funded or proposed for funding by any sponsor, or of unsponsored research or training activities. These persons may include faculty, non-faculty employees, research associates, technicians, consultants, postdoctoral fellows, graduate and other students.

(NOTE: If one or more such individuals had not been named at the time of proposal submission, a form or forms must be subsequently completed by the(se) individual(s) and submitted by the principal investigator to the Rowan University Social, Behavioral and Educational Institutional Review Board.)

The term "interest" means any financial or other personal involvement of the investigator, his or her spouse, domestic partner, children, parent, or siblings who reside in the same household including, but not limited to:

• income; honoraria or other payment for services;
• reimbursed or sponsored travel for services
• equity such as stock, stock options or other ownership rights, excluding interests of any amount in publicly traded, diversified mutual funds, pension funds, or other institutional investment funds over which the faculty member does not exercise control;
• patents and copyrights;
• contracts, licensing and other agreements;
• royalties (including those royalties distributed by the University);
• employment; and services, relationships or positions, even if uncompensated.

If there is a financial or other personal interest requiring disclosure, provide on Part 2 of this form all relevant details about the relationship of the interest to the Investigator’s Institutional responsibilities, and sufficient information for the Disclosure Review Committee to determine if a conflict of interest exists, and how such a conflict of interest might be managed, reduced or eliminated. Use additional pages if needed. Be as specific as possible.
### ATTACHMENT A

**INVESTIGATOR FINANCIAL & OTHER PERSONAL INTERESTS DISCLOSURE FORM – Part 2**

<table>
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**TYPE**  
☐ Research  ☐ Training/Education  ☐ Service  ☐ Other

**NAME OF “INVESTIGATOR” MAKING DISCLOSURE**  
(see definition of “Investigator” on the reverse side)

**DISCLOSURE TO BE MADE:** I and/or my spouse, domestic partner, children, parents, and siblings who reside in the same household **DO/DOES HAVE, within the previous twelve (12) months**, financial or other personal interests that are related to the Investigator’s Institutional/Professional responsibilities, as itemized below.

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
<th>VALUE (DOLLAR AMOUNT)</th>
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</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
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</tbody>
</table>
CONSULTING FEES  
HONORARIA  
LECTURE FEES FROM A SPEAKERS BUREAU  
LECTURE FEES NOT FROM A SPEAKERS BUREAU  
OTHER PAYMENT FOR EMPLOYMENT OR SERVICES  
OTHER |
| **TRAVEL** |  
REIMBURSED TRAVEL  
SPONSORED TRAVEL |
| **EQUITY** |  
STOCK, STOCK OPTIONS, WARRANTS (NO. OF SHARES: ☐)  
OTHER OWNERSHIP RIGHTS |
| **INTELLECTUAL PROPERTY** |  
PATENTS OR PATENT APPLICATIONS  
COPYRIGHTS  
ROYALTIES  
LICENSING AND OTHER AGREEMENTS  
CONTRACTS  
OTHER |
| **POSITIONS/RELATIONSHIPS (COMPENSATED OR NOT)** |  
CORPORATE OFFICER  
BOARD OF DIRECTORS OR TRUSTEES  
ADVISORY BOARD  
OTHER |

I certify that the above information is correct; that I have read and understood the Rowan University Conflict of Interest policy; that, to the best of my knowledge, disclosure of all required financial and other personal interests has been made herein; that I will complete a Disclosure Form on an annual basis during the duration of the research or more frequently as new interests are obtained or if my situation with respect to potential conflict of interest otherwise changes since my original disclosure, and submit it to the Rowan University – Social, Behavioral, and Educational Institution Review Board; that I will comply with any conditions or restrictions imposed by Rowan University to manage, reduce or eliminate conflicts of interest caused by my interests.

__________________________________________________________________  ______________  
Signature of Investigator Making Disclosure        Date

__________________________________________________________________  _______________  
Signature of Department Chair (or Dean if interested party is a Department Chair) or Vice President        Date

__________________________________________________________________  ______________  
Signature of Department Chair (if project involves more than one department)        Date