



OVCA FORM 129: DISCLOSURE FORM

NAME: Surname/Given Name /Middle Name		TITLE/RANK:
COLLEGE/DEPARTMENT/UNIT:	E-MAIL:	PHONE:

ALL faculty members/ASP must obtain written prior approval before engaging in any professional activity (outside the scope of their primary responsibilities in the College/Department, whether inside or outside DLSHSI) that might create the perception of or potential for Conflict of Interest or Commitment.

To comply with this, ALL faculty members/ASP are required to complete and submit, at least on an ANNUAL basis, this DISCLOSURE FORM to their Dean/Director duly endorsed by the Program Director/Chair for evaluation and approval at both the Dean and Vice Chancellor for Academics/VC concerned.

The information disclosed in this FORM shall be treated with utmost confidentiality.

If a proposed activity poses or appears to pose a Conflict of Interest or Commitment, the Dean/Director through the Program Director/Chair shall work with the faculty/ASP to develop a management plan to mitigate the conflict.

Failure to return a completed DISCLOSURE FORM or provide complete disclosure information may result in appropriate disciplinary actions.

N.B. The provisions and related guidelines on Outside Professional Activities, Conflict of Interest and Conflict of Commitment should be read before completing this DISCLOSURE FORM.

All questions in this FORM pertain to your professional activities for the current school year. Should you require additional assistance, please consult your the Dean/Director through the Program Director/Chair.

The College/Department reserves the right to validate the information disclosed herein, and additional information may be requested as part of the review process.

An AMENDED DISCLOSURE FORM must be voluntarily and promptly submitted, at any subsequent point during the current school year, should any information, activity/commitment, or interests change, so as to render inaccurate your responses to any of questions herein.

FACULTY/ASP CERTIFICATION	
<p>I hereby certify that I have read the provisions and related guidelines on Outside Professional Activities, Conflict of Interest and Commitment, and I understand the requirement for this disclosure.</p> <p>I certify that, to the best of my knowledge and belief, I have completed this DISCLOSURE FORM truthfully, fully, and accurately, as of the date hereof.</p> <p>I further certify that I shall update the information disclosed in this FORM upon any material change in circumstances.</p> <p>_____ Date: _____</p> <p><i>Signature</i> over PRINTED NAME</p>	

DISCLOSURE: ANNUAL	AD HOC
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PART I

Tick the applicable box. If you need more room, you may use the back of this paper, an extra sheet, or the electronic copy of this FORM (available from the Office of the Dean/Director)

1.	Are your current (or prospective) non-DLSHSI activities/commitments so substantial or demanding of your time and attention as to interfere with your primary responsibilities to the College/Department? NO <input type="checkbox"/> YES <input type="checkbox"/> Explain _____ _____
2.	Do you (or will you) make significant use, beyond that of a purely incidental nature, of DLSHSI resources (e.g. facilities, equipment, supplies, communication devices, confidential information) to support any of your activities that do not directly pertain to your primary responsibilities to the College/Department? NO <input type="checkbox"/> YES <input type="checkbox"/> Explain _____ _____
3.	Are you engaged (or will you be engaged) in external consulting activity? NO <input type="checkbox"/> YES <input type="checkbox"/> Provide details _____ _____
4.	Do you have (or will you have) any non-DLSHSI employment that provides you compensation? NO <input type="checkbox"/> YES <input type="checkbox"/> Provide details _____ _____
5.	Are you involved (or will you be involved) through participation (as investigator, member/staff, or paid consultant) in projects supported by government or private grants? NO <input type="checkbox"/> YES <input type="checkbox"/> Provide details _____ _____
6.	Are you involved (or will you be involved) through participation in testing, trials, research, technology or product development, management or evaluation owned/controlled by a business in which you (or your immediate family members or persons with whom you have close or business relationship) have financial or other interests?



NO

YES Provide details _____

7. Have you assigned (or will you assign) students, trainees, or subordinates to projects supported by a business in which you (or your immediate family members or persons with whom you have close or business relationship) have financial or other interests?

NO

YES Provide details _____

8. Are you involved (or will you be involved) through participation or taking administrative action of grants, contracts, purchase orders, lease arrangements, rentals, or donations from a business in which you (or your immediate family members or persons with whom you have close or business relationship) have financial or other interests?

NO

YES Provide details _____

9. Do you hold (or will you hold) a top management position (with significant decision-making authority) in a business engaged in activities related to your institutional responsibilities, or in any entity that conducts or seeks to conduct business with DLSHSI?

NO

YES Provide details _____

10. Do you (or will you) or your immediate family members or persons with whom you have close or business relationship, have financial or other interests in a business that competes with the services, products, awards or grants, bids for sponsored research, or with other activities in which DLSHSI is or might become engaged?

NO

YES Provide details _____



11. Do you receive (or will you receive) compensation, gift, or gratuity from entities doing business with the DLSHSI? NO <input type="checkbox"/> YES <input type="checkbox"/> Provide details _____ _____
12. Are any of your family members employed by or are students at DLSHSI? NO <input type="checkbox"/> YES <input type="checkbox"/> Provide details _____ _____
13. Are you (or will you be) in a position to participate, directly or indirectly, in a decision-making process (e.g. employment, employee benefit, work assignment, student admission, purchase order) that involves direct benefit to you or to a person with whom you have intimate or family relationship? NO <input type="checkbox"/> YES <input type="checkbox"/> Provide details _____ _____
14. Do you have (or will you have) a direct reporting/evaluation relationship with an employee, or a supervisory/evaluation relationship with a student with whom you have intimate or family relationship? NO <input type="checkbox"/> YES <input type="checkbox"/> Provide details _____ _____
15. Are there any other activities, commitments, or relationships that might present a real or perceived Conflict of Interest or Commitment that you wish to disclose? NO <input type="checkbox"/> YES <input type="checkbox"/> Provide details _____ _____



ADMINISTRATIVE REVIEW:	CHAIR/ PROGRAM DIRECTOR	DEAN/DIRECTOR
<p>I have considered the disclosure statements contained herein, and I have determined that:</p> <ul style="list-style-type: none"> • That the activities/relationships disclosed pose NO real, perceived or potential Conflict • That the activities/relationships disclosed pose a real, perceived or potential Conflict, but NO further action is necessary • That the activities/relationships disclosed pose probable conflict that warrants development of a management and monitoring plans to mitigate the conflict • That the activities/relationships disclosed constitute unacceptable conflict 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>DEPARTMENT CHAIR/PROGRAM DIRECTOR'S ACTION:</p> <p><input type="checkbox"/> ENDORSED TO THE DEAN/DIRECTOR</p> <p><input type="checkbox"/> ENDORSED TO THE DEAN/DIRECTOR (contingent upon satisfactory implementation of management and monitoring plans)</p> <p><input type="checkbox"/> DISAPPROVED (Prohibited)</p> <p style="text-align: right; margin-right: 50px;">Date: _____</p> <p>-----</p> <p><i>Signature</i> over PRINTED NAME CHAIR/PROGRAM DIRECTOR, Department of: _____</p>		
<p>DEAN/DIRECTOR'S ACTION:</p> <p><input type="checkbox"/> ENDORSED FOR APPROVAL</p> <p><input type="checkbox"/> ENDORSED FOR APPROVAL (contingent upon satisfactory implementation of management and monitoring plans)</p> <p><input type="checkbox"/> DISAPPROVED (Prohibited)</p> <p style="text-align: right; margin-right: 50px;">Date: _____</p> <p>-----</p> <p><i>Signature</i> over PRINTED NAME DEAN/DIRECTOR, College/Department of: _____</p>		



DE LA SALLE

MEDICAL AND HEALTH SCIENCES INSTITUTE

OFFICE OF THE VICE CHANCELLOR FOR ACADEMIC SERVICES

VCA'S/VC CONCERNED ACTION:

APPROVED

DISAPPROVED

Signature over PRINTED NAME
Vice Chancellor/Division of: _____

Date: _____