

SPA Log # \_\_\_\_\_

USM Acct. # \_\_\_\_\_

## The University of Southern Mississippi Conflict of Interest Certification Form

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department(s): \_\_\_\_\_ Date: \_\_\_\_\_

The following questions apply to your situation as it currently exists. If you answer yes to any of the questions below, the employee must provide in writing detail regarding the potential or actual conflict of interest. Please contact Sponsored Programs Administration for details regarding Disclosure procedures.

1. Do you currently have sponsored research or are you supported by a grant or contract the outcome of which could affect the interests of an enterprise or entity in which you (or members of your immediate family, i.e., spouse or dependent children as defined by the Internal Revenue Code) have employment or consulting arrangements and/or significant financial interests. Yes \_\_\_\_\_ No \_\_\_\_\_.
  
2. Do you currently have sponsored research or are you supported by a grant or contract where you (or members of your immediate family, i.e., spouse or dependent children as defined by the Internal Revenue Code) have employment or consulting arrangements and/or significant financial interests with the sponsor of the research, a subcontractor to the grant, a vendor, or a research collaborator. Yes \_\_\_\_\_ No \_\_\_\_\_.
  
3. Do you currently have gifts or cash or property which are under your control, or which directly support your teaching or research activities from an enterprise or entity in which you (or your immediate family members) have an employment or consulting arrangement and/or significant financial interests. Yes \_\_\_\_\_ No \_\_\_\_\_.
  
4. Does the University currently have a technology licensing arrangement with an enterprise or entity for which you (or your immediate family members) have employment or consulting arrangements and/or significant financial interests. Yes \_\_\_\_\_ No \_\_\_\_\_.

**CERTIFICATION**

In submitting this form, I certify that the above information is true to the best of my knowledge. I supply this information for confidential review by the University and I do not authorize release of any of it for any other use.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIRED SIGNATURES:**

**Chair/Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director, Sponsored Programs Administration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice President, Research & Economic Development:** \_\_\_\_\_ **Date:** \_\_\_\_\_