Faculty/Staff Member Name: __________________________________________ (Please Print)
Department: ________________________________________________________

Choose one:
☐ New Disclosure—Reporting Period __________ to ___________ (report for the last 12 months)

Conflict of Interest Disclosure Form

Faculty and key administrators at the Penn State College of Medicine and The Milton S. Hershey Medical Center (“Institution”) can enter into a variety of relationships with commercial enterprises. However, these relationships must have the approval of the institution. Financial interests of the faculty/staff member or their spouse/dependent children in other enterprises can create the appearance of conflicts of interest. In order to monitor changes in the relationships of its employees with other enterprises, faculty and key administrators are required to complete this disclosure form on an annual basis for compliance with Policy RA20, Individual Conflict of Interest.

The questions below apply to enterprises (e.g., companies, institutes) that are engaged in commercial activities related to your institutional responsibilities. “Activities” include, but are not limited to:
   a. Sponsored research projects (including clinical trials), testing, or service projects in which you are involved
   b. A licensing agreement with the institution relating to an invention or software where you are an inventor or author
   c. Providing products or services for research, testing, or service projects

1a. Do you, or a member of your immediate family, have an ownership/equity interest (stock, stock options or other ownership interests, but excluding mutual funds) in an enterprise whose activities are related to your institutional responsibilities? ____YES____NO. If yes, please answer 1b, 1c and 1d and identify the nature of the activity for each enterprise:
________________________________________________________________________
1b. Do you receive sponsored research support from that enterprise? ____YES____NO
1c. Does this research involve human subjects? ____YES____NO
1d. Does this interest represent more than $10,000 in one year? ____YES____NO

2a. Are you, or a member of your immediate family, engaged in external professional activities for pay or other compensation (e.g., travel, meals, etc) as a consultant, a member of a speakers bureau, or advisory board member, from an enterprise whose activities are related to your institutional responsibilities? ____YES____NO. If yes, please answer 2b, 2c and 2d and identify the nature of the activity for each enterprise:
________________________________________________________________________
2b. Do you receive sponsored research support from that enterprise? ____YES____NO
2c. Does this research involve human subjects? ____YES____NO
2d. Does this interest represent more than $10,000 in one year? ____YES____NO
3. Are you, or a member of your immediate family, on the Board of Directors or advisory board, or do you or a member of your immediate family serve in an executive or management position or as an employee of an enterprise whose activities are related to your institutional responsibilities?  
____YES____NO  If yes, please identify the nature of the activity for each enterprise:  
________________________________________________________________________

4. Do you (i) supervise, select, or evaluate services or products provided to the institution by an enterprise, or (ii) refer institutional business to an enterprise in which you or a member of your immediate family have an ownership or other financial interest?  
____YES____NO  If yes, please describe:  
________________________________________________________________________

5. Do you, or a member of your immediate family, own or have a financial interest in a business or vendor that supplies goods or services to the institution or patients at the institution?  
____YES____NO  If yes, please identify each enterprise and the nature of the financial interest:  
________________________________________________________________________

6. Are you, or a member of your immediate family, the author of a textbook, course pack, lab manual, or other material, for which you or your family member receives royalties or other compensation from sources other than the institution, that is required for any class that you teach?  
____YES____NO  If yes, please describe:  
________________________________________________________________________

7. Is there any intellectual property (i.e., patent, trademark, copyright, software, or trade secret) that you created that is used, or licensed for use, by the institution, or which you own independent of the institution?  
____YES____NO  If yes, please describe:  
________________________________________________________________________

SIGNATURES
I certify that all of the above information is correct and that I will promptly update information as changes occur.

Faculty Member     Date

I have reviewed the above disclosure information.

Department Chair     Date