**UMB CONFLICT OF INTEREST DISCLOSURE AND**

**REQUEST FOR EXEMPTION FROM THE MARYLAND STATE ETHICS LAW**

**TO ALLOW A CONSULTING OR EMPLOYMENT**

**RELATIONSHIP WITH, OR INTEREST IN, AN ENTITY**

**THAT IS NEGOTIATING OR HAS A CONTRACT WITH UMB**

**NOT INVOLVING THE REQUESTOR’S PARTICIPATION**

**References: 5-502 and 5-525 General Provisions Art., Ann. Code of Maryland**

**III-1.11 – USM Policy on Conflicts of Interest in Research and Development**

**III-1.11 (A) -- UMB Procedures Implementing Board of Regents Policy**

 **on Conflicts of Interest in Research or Development**

NOTE: THIS FORM IS ONLY FOR USE BY FACULTY AND STAFF WHO ARE **NOT** PARTICIPATING IN MATTERS CONCERNING UMB’S BUSINESS RELATIONSHIP WITH AN ENTITY THAT IS NEGOTIATING OR HAS A CONTRACT WITH UMB.

Please provide all information in BoldFace Type.

DATE REQUESTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF ENTITY THAT IS NEGOTIATING OR HAS A CONTRACT WITH UMB:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACULTY OR STAFF MEMBER MAKING DISCLOSURE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIVERSITY TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL OR ADMINISTRATIVE UNIT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SALARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIVERSITY TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISOR’S EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **VERIFICATION OF ABILITY TO USE THIS FORM**

Are you currently involved in the negotiation or administration of agreements between UMB and the entity identified above? YES \_\_\_\_\_ NO \_\_\_\_\_\_

Are you participating in any sponsored research that is funded by this entity?

YES \_\_\_\_\_NO\_\_\_\_\_\_

If you selected YES to either of these questions, please do not continue to use this form. Instead, please access the link below to complete the standard CoI Exemption request form.. [https://www.umaryland.edu/media/umb/oaa/oac/documents/coi/coi\_form\_som.docxhttps://](https://www.umaryland.edu/media/umb/oaa/oac/documents/coi/coi_form_som.docxhttps%3A//)https://www.umaryland.edu/media/umb/oaa/oac/documents/coi/coi\_form\_sop.docxwww.umaryland.edu/media/umb/oaa/oac/documents/coi/coi\_form\_nonsom.docx

Contact the UMB CoI Officer if you are unclear how to proceed further.

If you circled No, continue to Part II.

1. **DESCRIPTION OF YOUR EMPLOYMENT OR OTHER RELATIONSHIP WITH THE ENTITY**

Type of Employment or other relationship (describe thoroughly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(You may use attachments or append your contract with the entity.)

Your compensation from entity: $ \_\_\_\_\_\_\_\_\_\_\_Daily, Weekly, Quarterly, Annually (choose one)

Amount of time you spend on activity for the entity:

\_\_\_\_\_\_ Hours/Days (choose one) per Day, Week, Month (choose one).

1. **ENTITY’S RESEARCH AND DEVELOPMENT ACTIVITY:**

 Maryland Law and the UM Procedures Implementing Board of Regents Policy on Conflicts of Interest in Research or Development define "research or development" as basic or applied research or development, including (A) the development or marketing of university-owned technology or intellectual property; (B) the acquisition of services of an official or employee by an entity for research and development purposes; or (c) participation in State economic development programs.

Briefly discuss how your request for exemption advances at least one of the goals stated in the Public-Private Partnership Act. You must complete at least one section in this paragraph. If none of these questions are applicable, please contact the UMB CoI Officer to re-evaluate this exemption request.

1. Is the entity engaged in basic or applied research or development?

YES \_\_\_\_ NO\_\_\_\_

If you selected YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If the entity is not engage in basic or applied research or development, does the entity have a direct interest in the outcome of basic or applied research or development? YES \_\_\_\_ NO \_\_\_\_\_

If you selected YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the entity acquiring your services for research and/or development purposes of the entity? YES \_\_\_\_ NO \_\_\_\_\_. If you selected YES, please explain the research and development purpose. Use attachments if needed. If you are able to attach your agreement with the entity, please do so. If the agreement is confidential and cannot be provided, please state that.

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1. Are you in an employment or other financial relationship with the entity because it is engaged in development or marketing of university-owned technology or intellectual property? YES \_\_\_ NO \_\_\_\_ . If you YES, please explain. Use attachments if needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you working with the entity because either the entity or you, or both, are involved in State economic development programs? YES \_\_\_ or NO \_\_\_\_\_. If you selected YES, please explain. Use attachments if needed.

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**SIGNATURES & APPROVALS:**

A. I hereby make oath or affirm that the contents of this Disclosure and Request for Exemption are true and correct to the best of my knowledge, information and belief. I have reviewed my research and financial interests with my Department Chair and we have discussed the resulting conflicts of interest. I will take all necessary measures to minimize any actual or perceived clinical or scientific bias which may result from these conflicts of interest, including abiding by all conditions upon which an exemption may be granted. Further, I will discuss any new development or change in my current situation with my Department Chair and determine what, if any, additional measures must be taken to minimize any effects of my financial interests. If I do not have a Department Chair I will consult with my Dean or designee or the university administrator who is my supervisor.

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Your Signature

B. Statement of Supervisor

 I have reviewed this Disclosure and Request for Exemption and I support it, subject to the conditions, if any, set out above and here:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of Supervisor

C. Statement of Department Chair or Assistant/Associate Vice President

 I have reviewed this Disclosure and Request for Exemption and I support it, subject to the conditions, if any, set out above and here:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of Department Chair or Assistant/Associate Vice President

D. Statement of Associate Dean for Research or Other School Designee

 I have reviewed this Disclosure and Request for Exemption and I support it, subject to the conditions, if any, set out above and here:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of Associate Dean for Research or Other Designee

E. Statement of Dean or Vice President

 I have reviewed this Disclosure and Request for Exemption and I support it, subject to the conditions, if any, set out above and here:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of Dean or Vice President

F. Statement of Executive Vice President and Provost

 I have reviewed this Disclosure and Request for Exemption and I support it, subject to the conditions, if any, set out above and here:

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**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of Executive Vice President and Provost

FORWARD THIS COMPLETED FORM TO ALISON J. WATKINS, UMB CONFLICT OF INTEREST OFFICER AT ATHOM001@UMARYLAND.EDU.