

## Disclosure of Significant Financial Interests

### Directions:

1. Read the Definition of Significant Financial Interest. The full NUNM Policy on Managing Financial Conflicts of Interest Policy may be found at <https://nunm.edu/research/integrity/>
2. Complete the Disclosure section and sign the Discloser Certification (using blue or black ink).
3. Return the completed form with your signature to the NUNM Research Integrity Officer (may be sent electronically to [irb@nunm.edu](mailto:irb@nunm.edu)).

**Who must complete this form?** Investigators, which are defined herein as any persons engaged in any research activity at NUNM, or under Formal Agreement with NUNM, who might reasonably be seen, regardless of title, to affect the design, conduct and/or reporting of research results must complete and submit this form. The form must be submitted to the Research Integrity Officer of NUNM for review before the onset of research activity, and renewed annually. **If you acquire a new significant financial interest, you must submit a new form within 30 days of the acquisition.**

### **What is a Significant Financial Interest?**

**Significant Financial Interest (SFI)**, for the purposes of this form and the NUNM policy and procedure for Managing Financial Conflicts of Interest, means monetary interests held by the investigator, or those of the investigator's spouse (including domestic partner or spousal equivalent), and/or dependent children, that is reasonably **related to any of the investigator's institutional responsibilities** (e.g., research, research consultation, teaching, professional practice, committee membership, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards).

#### *Significant financial interest includes:*

- A. Salary and any payment for services not otherwise identified as salary, such as consulting fees, honoraria, paid authorship, etc., in which the value from the entity in the twelve months *preceding* the disclosure, when aggregated, exceeds \$5,000.
- B. Equity interests, such as stock, stock options, ownership interests, etc., as determined through reference to public prices or other reasonable measures of fair market value as of the date of disclosure, in which the value from the entity in the twelve months *preceding* the disclosure, when aggregated, exceeds \$5,000.
- C. Licensed intellectual property rights (e.g., patents, copyrights), royalties from such rights, and agreements to share in royalties related to such rights that in the twelve months *preceding* the disclosure exceeds \$5,000, not including intellectual property that are assigned to the College.
- D. Travel expenses that are either reimbursed to the investigator or paid directly on behalf of the investigator that are related to any of the investigator's institutional responsibilities, provided that the travel is *not* reimbursed or sponsored by a federal (e.g., NIH), state, or local government agency, an institute of higher education (e.g., NUNM), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institute of higher education (e.g., Helfgott Research Institute).

*Significant financial interest* **does not include:**

- A. Salary, royalties, or other remuneration paid by the College, if the investigator is an employee or otherwise appointed by the College, including intellectual property rights assigned to the College and agreements to share in royalties related to such rights.
- B. Income from investment vehicles, such as mutual funds and retirement accounts, as long as the investigator does not directly control the investment decisions made in these vehicles.
- C. Income from seminars, lectures, teaching engagements or service on advisory committees or review panels provided they are sponsored by a federal, state, or local government agency, an institute of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institute of higher education.

***DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS***

***Type of Disclosure (check ONLY ONE appropriate box):***

Annual Disclosure <input type="checkbox"/>	New Investigator <input type="checkbox"/>	New Disclosure <input type="checkbox"/>	Disclosure Revision <input type="checkbox"/>
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(Select "New Investigator" only if this is the first time you have filled out this form with NUNM.)

***Please provide responses to the questions below for review by the College.***

**1.** Did you, your spouse (including domestic partner or spousal equivalent), and/or dependent children receive from an entity other than the College salary or any other payment for services (e.g., consulting fees, honoraria, paid authorship, etc.), which could be reasonably seen as related to any of your institutional activities, the value of which in the past 12 months exceeded \$5,000?

No  *If No, please proceed to Question #2*      Yes  *If Yes, provide the following:*

Entity Name and Brief Description:

Type of Interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Salary          | <input type="checkbox"/> Paid Authorship |
| <input type="checkbox"/> Consulting Fees | <input type="checkbox"/> Other:          |
| <input type="checkbox"/> Honoraria       |  |

Approximate dollar value of interest:

- |  |   |
|--|---|
| <input type="checkbox"/> \$5,000- \$9,999    | <input type="checkbox"/> \$100,000 or greater, provide amount in increments |
| <input type="checkbox"/> \$10,000- \$19,999  | of \$50,000: \$   |
| <input type="checkbox"/> \$20,000- \$100,000 |   |

**2.** Did you, your spouse (including domestic partner or spousal equivalent), and/or dependent children receive equity interest, in a publicly or non-publicly traded entity, which could be reasonably seen as related to any of your institutional activities, the value of which in the past 12 months exceeds \$5,000, as determined through reference to public prices or other reasonable measures of fair market value as of the date of disclosure

No  *If No, please proceed to Question #3*      Yes  *If Yes, provide the following:*

Entity Name and Brief Description:

Type of Interest:

- Stock/Stock Option                       Other:  
 Owner Interest

Approximate dollar value of interest:

- \$5,000- \$9,999                       \$100,000 or greater, provide amount in increments  
 \$10,000- \$19,999                      of \$50,000: \$  
 \$20,000- \$100,000

3. Do you, your spouse (including domestic partner or spousal equivalent), and/or dependent children have any intellectual property rights, which could be reasonably seen as related to any of your institutional activities, for which you received income that in the past 12 months exceeded \$5,000? *(Do not include intellectual property that flows through the College.)*

No  *If No, please proceed to Question #4*      Yes  *If Yes, provide the following:*

Entity Name and Brief Description:

Type of Interest:

- Patent     Other:  
 Copyrights

Approximate dollar value of interest:

- \$5,000- \$9,999                       \$100,000 or greater, provide amount in increments  
 \$10,000- \$19,999                      of \$50,000: \$  
 \$20,000- \$100,000

4. Did you, your spouse (including domestic partner or spousal equivalent), and/or dependent children have any reimbursed or sponsored travel that could be reasonably seen as related to any of your institutional activities? *(Do NOT include travel that was reimbursed or sponsored by NCNM or a Federal/State/County/City or other governmental agency, including the NIH.)*

No  *If No, please proceed to Disclosure Certification*

Yes  *If Yes, provide the following:*

Sponsor Name:

Destination of travel:

Describe the type of expense (e.g., flight, hotel, car, meals):

Dates of travel:

Purpose of travel:

*(If the College decides this travel may have an appearance of conflict, you may be requested to provide the approximate dollar value of the travel.)*

### ***Discloser Certification***

1. I hereby certify that all significant financial interests identified in this form must be reviewed and acted upon by the appropriate officials of NUNM. Furthermore, for each significant financial interest disclosed, I understand that other information may also be requested in order to completely review the significant financial interest.
2. I hereby certify that all significant financial interest information disclosed herein, which upon review is found by the College to be a financial conflict of interest, is subject, upon request, to public accessibility and disclosure (with monetary amounts disclosed in dollar ranges), according to the policies of the Department of Health and Human services (42 CFR §50.605.a.5) and of this College.
3. I hereby certify that I understand my responsibilities and requirements to disclose all significant financial interests that relate to any of my institutional responsibilities and that the information reported herein is truthful, accurate and complete.

Full name:

Title/Position:

E-mail:

Phone/Extension:

Signature:

Date:

**OFFICE USE ONLY**  
ADMINISTRATIVE REVIEW

*Based on the Significant Financial Interests disclosed herein, to the best of my knowledge and in my judgment (check the appropriate box):*

- 1. No SFI disclosed OR the disclosed SFI does not constitute a Financial Conflict of Interest.
- 2. The disclosed SFI constitutes a financial conflict of interest AND the management plan *below* will permit the conflict to be managed in accordance with NUNM policies and procedures.
- 3. The disclosed SFI was not reported in a timely manner AND constitutes a Financial Conflict of Interest. An interim management plan (up to and including suspension of the project) is *below* and the FCOI is recommended for full Retrospective Review in accordance with NUNM policies and procedures.
- 4. Additional information requested (e.g., travel, method of determining market value of equity interest, etc.), documentation attached.

**CONFLICT OF INTEREST -- MANAGEMENT PLAN**

**Signature:**

John Phipps, PhD  
NUNM Research Integrity Officer

**Date:**

I have read and agree to the terms outlined in the Conflict of Interest Management Plan above.

**Signature:**

**Printed Name:**

**Date:**