

WESTERN KENTUCKY UNIVERSITY  
**Financial Conflict of Interest Disclosure Form**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Title/Rank: \_\_\_\_\_ Phone: \_\_\_\_\_  
 School/College: \_\_\_\_\_ WKU ID Number: \_\_\_\_\_  
 Department/Other Unit: \_\_\_\_\_

**1. Have you read Western Kentucky University's [Financial Conflict of Interest Policy](#)?**

Yes          No          Provide date \_\_\_\_\_

**2. Do you, your spouse, domestic partner and/or dependent children, alone or in combination have a significant financial interest in an entity that:**

- Has products, services, or research interests that could reasonably appear to affect your institutional responsibilities, research or sponsored program,
- Sponsors your research or your program,
- Sells goods or services to the University that will be used in your research or sponsored program,
- Has made or pledged a gift to the University / Foundation that supports your institutional responsibilities, research or sponsored program, or
- Has other involvement in your institutional responsibilities, research or sponsored program (such as a consulting agreement)?

A **significant financial interest** can be:

If a publicly-traded company, if the value of the past 12 months remuneration + value of current equity exceeds \$5,000 or

If a non-publicly-traded company (e.g. startup) if the value of the past year's remuneration exceeds \$5,000 or the investigator holds *any* equity interest

Intellectual property rights and interests (e.g. patents, copyrights), upon receipt of income related to such rights and interests

*Excludes: Work for government entities or an institution of higher education or mutual funds so long as the investigator does not directly control the investment decisions made in these vehicles.*

**No, I have nothing to report.** *Please proceed to Question 3.*

**Yes, a detailed description of the nature and amount of all financial interests will be submitted to the Office of Research Integrity for each external entity in which there is a significant financial interest.** *Please electronically sign this form and submit it along with the Financial Details attached to [ori@wku.edu](mailto:ori@wku.edu).*

**3. Have you applied for funding from PHS within the last 12 months, or do you have a current award through a PHS agency?**     Yes     No

*PHS—Public Health Service-- includes FDA, NIH, CDC, SAMHSA, etc. If you answered "Yes," federal regulations require you to complete this form no less than annually or within 30 days of any subsequently identified FCOI.*

**4. Have you completed Financial Conflict of Interest training through CITIPProgram.org in the last four years?**     Yes     No    **Provide date** \_\_\_\_\_

*If you answered "No," please contact the Office of Research Integrity at [ori@wku.edu](mailto:ori@wku.edu) to determine if the training module is needed.*

**Investigator's Assurance:**

I have read and will abide by WKU's Financial Conflict of Interest Policy and assure that the above and attached information is true to the best of my knowledge. I agree:

- To provide any additional information requested by the Office of Research and Creative Activity
- To notify the Office of Research and Creative Activity immediately if there are any changes to this information
- To cooperate in the development and implementation of an appropriate Management Plan if needed

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please submit completed and electronically signed forms to the Office of Research Integrity at [ori@wku.edu](mailto:ori@wku.edu).*