OSU General Conflict of Interest Reporting Form

Who Needs to Complete this Disclosure and When? Any individual employed by, or acting on behalf of, Oklahoma State University who has a potential or actual conflict of interest as described in OSU/A&M Board of Regents’ Ethics Policy 3.05* must disclose the conflict promptly to their supervisor for assessment.


Please answer all questions and submit this form to your immediate supervisor.

First Name: _______________________ Last Name: ____________________________
Your Email Address: _________________________ Department:_______________________

1) Do you or a family member* have an interest in an entity or activity that:
   a) does business with the University in an area in which you make spending decisions?
      YES______ or NO______
   b) profits from the sale of course material (coursepacks, software, etc.) or other goods or services to students whom you teach or evaluate?
      YES______ or NO______
   c) employs University faculty, staff or students who you directly supervise or evaluate both in that employment and at the University?
      YES______ or NO______
   d) sponsors a project at the University over which you have any degree of control?
      YES______ or NO______
   e) profits from research you do at the University?
      YES______ or NO______
   f) competes with the University for project funding?
      YES______ or NO______
   g) uses University-owned intellectual property, or University equipment or facilities?
      YES______ or NO______

2) Do you currently participate or plan to participate in an outside activity that will interfere with your primary commitment to OSU? If yes, please provide details in Question 4.
   YES______ or NO______

3) Other than those covered in Questions 1 and 2, do you or a family member* have an interest in any entity or activity that could reasonably appear to affect, or be affected by, the exercise of your University responsibilities?
   YES______ or NO______
If you had no interests to report, skip Questions 4 and 5, sign below, and return this form to the appropriate administrator. Otherwise, please complete Questions 4 and 5.

4) Do you have any interests reported above that are not already subject to a conflict management plan? (Leave blank if no interests reported.)
   - □ All interests are subject to an existing conflict of interest management plan.
   - □ At least one interest is not subject to an existing conflict of interest management plan.

5) Please describe:
   a) The nature of the entity or activity (type and name of businesses, etc.):

   

   b) Your or your family member’s* relationship to the entity or activity (including your position or title, if any):

   

   c) The nature of your or your family member’s* interest (ownership, salary, equity interest, etc.) and its extent (full ownership, salary in excess of $10,000, etc.):

   

   d) The nature of the potential conflict:

   

* Pursuant to the OSU/A&M Board of Regents’ Ethics Policy 3.05, “family member” means all family members to the third degree of consanguinity, including, e.g., children, parents, siblings, grandparents, aunts/uncles, great grandparents, great aunts/uncles, and second cousins.

I have read and understand and will comply with the OSU/A&M Board of Regents’ Ethics Policy 3.05 found at https://regents.okstate.edu/policy-manual/section-3/policy-manual-ethics.html and the Oklahoma Ethics Rules found at www.ok.gov/ethics/Ethics_Laws,_Guides_&_Forms/index.html. The information reported in this disclosure is complete and accurate to the best of my knowledge. I will update the above information throughout the coming year if my circumstances change.

Signature: ___________________________________________ Date: __________________

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