

# 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.

[\\*https://regents.okstate.edu/policy-manual/section-3/policy-manual-ethics.html](https://regents.okstate.edu/policy-manual/section-3/policy-manual-ethics.html)

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](http://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: \_\_\_\_\_