**Interim Financial Interests Report**

(submitted pursuant to the requirements of Arkansas State University-Jonesboro Conflict of Interest procedure)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor/Name of Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am reporting on activities: 🞏 for the year \_\_\_\_\_\_

 🞏 as an addendum to my most recent report

|  |  |  |
| --- | --- | --- |
| 🞏 yes | 🞏 no | 1. Compensation (including travel expenses). Have you or a member of your Family received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If yes, furnish information on an additional page.
 |
| 🞏 yes | 🞏 no |  1. Equity. Do you or a member of your family own stock or hold stock options with a publicly-traded or privately-owned entity? If yes, furnish information on an additional page.
 |
| 🞏 yes | 🞏 no | 1. Role. Do you or a member of your family serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of Arkansas State University? If yes, furnish information on an additional page.
 |
| 🞏 yes | 🞏 no | 1. Intellectual Property. Do you or a member of your family have rights to and/or receive royalties from intellectual property (including, patents copyrights and trademarks but excluding academic or scholarly works) licensed to and/or owned by a for-profit entity? Do NOT include intellectual property owned or managed by Arkansas State University. If yes, furnish information on an additional page.
 |

Certification:

I have read and understand Arkansas State University’s procedure on Conflict of Interest in Public Health Service (PHS) and other Federally Funded Projects and have completed this report to the best of knowledge and belief. If required, I will comply with any conditions or restrictions imposed by Arkansas State University to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of my Family, change in a way that results in different answers to any of the questions asked in this report, I agree to submit a revision.

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

 (date) (signature)

🞏 additional page(s) attached

Addition to Financial Interests Report of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting for 🞏 self 🞏 family member:

 name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of External Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of External Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of external relationship: (check all that apply)

|  |  |
| --- | --- |
| 🞏 | Consultant |
| 🞏 | Speaker |
| 🞏 | Advisory Board or Committee |
| 🞏 | Equity Holdings |
| 🞏 | Governing Board or Officer |
| 🞏 | Intellectual Property Rights |
| 🞏 | Royalty Income |
| 🞏 | Other (describe below) |

Amount of compensation or financial interest in reporting period: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If travel paid by entity:

 Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments or explanatory information: