

San Juan Bautista School of Medicine
Disclosure of Investigator's Significant Financial Interest
FORM 1.A

Date of this Disclosure: _____ **New** **Update**

Investigator collaborator or consultant at San Juan Bautista School of Medicine.

First Name	Middle Initial	Last Name

Office phone: _____ **E-mail address:** _____

If you answer **Yes** to any of the following questions you have a significant financial interest and required to disclose. A **significant financial interest** means a financial interest consisting of one or more of the following interests of the **Investigator** and those of the **Investigator's spouse and dependent children** that reasonably appears to be related to the Investigator's institutional responsibilities.

ANSWER THE FOLLOWING QUESTIONS	Yes	No
(i) Regarding any publicly traded entity, has the value of any remuneration received during the 12-month period preceding this disclosure, combined with the value of any equity interest during the 12-month period preceding or as of the date of this disclosure, exceeded \$5,000?		
For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value		
(ii) With regard to any non-publicly traded entity, does a significant financial interest exist where the value of any remuneration received in the twelve months preceding this disclosure, when aggregated, exceeds \$5,000, or where you (or your spouse or dependent children) hold any equity interest (e.g., stock, stock option, or other ownership interest)?		
(iii) Do you receive income from intellectual property rights and interests (e.g., patents, copyrights), not assigned to the SJBSM?		
(iv) Have you engaged in any reimbursed or sponsored travel (i.e., travel paid on your behalf rather than reimbursed to you, where the exact monetary value may not be readily available) related to your institutional responsibilities?		
Disclosure requirement does not apply to travel that is reimbursed or sponsored by a federal, state, or local government agency located in the United States, a United States Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with a United States Institution of higher education		
(v) Have you received any foreign financial interests, including income from seminars, lectures, teaching engagements, service on advisory committees or review panels, or reimbursed or sponsored travel from any foreign entity (including foreign institutions of higher education or foreign governments) that meet the disclosure threshold, such as income exceeding \$5,000?		

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The Significant Financial Disclosure Form must be completed by Investigators who plan to participate in PHS federally-funded research or are engaged in PHS federally-funded research. Investigators must disclose Significant Financial Interests, and those of the investigator's spouse/domestic partner and dependent children, that reasonably appear to be related to the investigator's institutional responsibilities. The University will assess the disclosures to determine whether Significant Financial Interests constitute a financial conflict of interest that could directly and significantly affect the design, conduct, or reporting of a federally funded research project.

Investigators are required to train:

- NIH FCOI Training Module at FCOI Training | grants.nih.gov
- Every four years
- SJBSM revises FCOI policy that affects Investigator requirements
- A PHS- Investigator is new to the SJBSM
- A PHS- Investigator does not comply with the FCOI policy or management plan.

Investigators disclose when:

- Before submission of a proposal to a PHS funding agency.
- During the PHS-funded grants, investigators will complete an updated SFI Disclosure Form annually in August of each year.
- Within 30 days of discovering or acquiring a new SFI.
- New PHS Investigators joining SJBSM and conducting research sponsored by PHS funding agencies will provide all necessary disclosures within 30 days.

DEFINITIONS

“Institutional Responsibilities” mean teaching, research, research consultation, and institutional committee membership, for example, activities such as research, research consultation, teaching, professional practice, Institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

“PHS - Investigator: a project director or principal investigator or any other person, regardless of title or position, who plans to participate in or participate in PHS federally-funded research and is responsible for the design, conduct, or reporting of the research funded by Federal sources or proposed for such funding, which may include, for example, collaborators and consultants, taking into account the degree of independence with which the person works, which may include, but is not limited to, graduate students, post-doctoral fellows, technicians, collaborators or consultants interested or recipient of PHS – funded grant. Note: SJBSM will consider the role, rather than title, of those involved in the research and the degree of independence in which those individuals work when determining who meets the definition of “PHS-Investigator.”

“Research” means a systematic investigation, study, or experiment designed to develop or contribute to generalizable knowledge of public health, including behavioral and social-sciences research. The term encompasses basic and applied research (e.g., a published article, book or book chapter) and product development (e.g., a diagnostic test or drug).

I agree to abide by the San Juan Bautista School of Medicine Financial Conflict of Interest Policy for Research. I certify that the above information is true to the best of my knowledge and that is has been submitted as required by law, regulation, and contract.

Print name: _____

Date: _____

Signature: _____