Potential Conflict of Interest Self Disclosure Statement

NSU faculty and staff are to fully disclose potential conflicts of interest resulting from direct or indirect outside business, financial, employment, or consulting interests which are related to their University employment. It is each person's responsibility to provide this information to the appropriate University official for review. This form may also be used by students and vendors to disclose potential conflicts of interest.

Please complete the following information and submit it to the Director of Human Resources , 116 Administration Building.

| Name: | Department: | |
|-------------------|-------------|--------|
| Campus Address: | Campus p | ohone: |
| University title: | | |

Do you have Research involved with any of the following:

Human Subjects: yes / no

Animals: yes / no

Please briefly describe the business, financial interest, outside employment, or consulting activities that

are raising a potential conflict of interest. Include names, addresses, nature of interest, your role at the

University and how it relates to the outside interest, and any other relevant information. Feel free to use

additional sheets if necessary or attach additional documentation.

Nature of your Interest (check all that apply)

____Consulting/Employment

_____Director/Officer/Partner/Agent/Manager/Advisor/Board Member position

Receipt of Loan/Gift

_____Receipt of Honoraria

_____Receipt of Royalty Revenue/Patent Holder

_____Research Support

_____Other (describe)

I attest to the accuracy of these answers and, should circumstances change in the future, I will contact the Director of Human Resources to appropriately update this disclosure statement.

| Signature: | Date: |
|------------|-------|
| 0 | |

| Print Name | |
|------------|--|
| | |

I approve this disclosure filing.

Supervisor / Department Chair

Signature: _____Date: _____Date: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _______Date: _______Date: _______Date: ______Date: _______Date: ______Date: ______Date: ______Date: ______Date:

Print Name_____

Divisional Dean / Director

Signature: ______Date: ______

Print Name