Administrative Conflict of Interest or Commitment

Management Plan

Individual Name : 

Title:

Contact information:

Reviewer Name:

Title:

Contact information:

Description of the nature of the actual or perceived conflict:

 *[Please include sufficient information to understand whether this is a conflict of interest (financial) or commitment (time) disclosure, the origin of the conflict, names of parties or companies involved, bias or perceived bias the relationship(s) may create, and the nature and amount of financial components, royalties, ownership, intellectual property, etc.]*

Strategies for management of the actual or perceived conflict:

 *[This should describe how the activity will be conducted to control bias and/or ensure that the Individual’s University duties are not affected.]*

How will the management strategies be monitored for compliance?

 *[It is generally the Reviewer’s responsibility to monitor the disclosed activity.]*

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Individual Signature Date

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Reviewer Signature Date

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

Committee on Conflicts Chair Signature Date

(For significant conflicts)