Academic Forms On-Line Conflict of Interest/Conflict of Commitment Annual Reporting

As a reminder, effective July 2014, UCOP released APM 671 – Conflict of Commitment (COC) and Outside Activities of Health Sciences Compensation Plan Participants. The reason for this policy was to clarify the purpose, scope, and compliance requirements related to conflict of commitment and outside professional activities. In addition to re-organizing and clarifying general principles of the policy, UCOP adopted several substantive changes which include setting the earning threshold limit to $40,000 of 40% of fiscal-year base salary (scale 0), whichever is greater, for an individual faculty member’s rank and step; and redefining what “activities” are considered Category I, II and III.

The deadline for submitting the form is May 31st.

Health Sciences Compensation Plan members can report previous year COI/COC information, and draft current year information in Forms Online (Kerberos user id and password required). Staff can draft information for Faculty, however Faculty are required to submit.

The form has two primary parts and five different areas where information can be added:

- **Part I:** Outside Professional Activities and Additional Teaching Activities (AT) Disclosure Statement
- **Part II:** Investment in Health Industry Companies Disclosure Statement

Rows can be added using the ‘Add Row’ link at the top of each table, and removed using the Red minus signs next to each row:

The amount of compensation will prepopulate the threshold limits.

**Combined Compensation from Part I:** 12000
40% of your current base salary of 106,090 is 42,436

If there is no data to report in the first table of Part I (Categories I, II, and Additional Compensation) please confirm by checking the box ‘I did not engage in any Category I or II activities in the past year’.

- **Part I:** Outside Professional Activities and Additional Teaching Activities (AT) Disclosure Statement

- **Part II:** Investment in Health Industry Companies Disclosure Statement
This is also the case for Part II: Investment in Health Industry Companies where it must be confirmed if there is no data to report.

After the Faculty submits, the form will route to the Department Chair for review and then to the Office of Academic Personnel for review.

Faculty are required to submit the annual report as they must attest to the below:

<table>
<thead>
<tr>
<th>Name of Health Industry Company</th>
<th>Nature of Investment Interest in Company (e.g., ownership, shares, stock)</th>
<th>Date Interest Acquired (mm/dd/yyyy)</th>
<th>Date Interest Disposed or Indicate If Still Held</th>
<th>Did You Perform Outside Professional Activities for this Company during the Reporting Period? (If yes, please ensure activity is reported above)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I held no applicable interest in a health industry company during the past year.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By my submission below I hereby attest as follows:
1. I have complied with all reporting requirements as required by APM 025 and/or 670 as applicable.
2. I have paid the University any/all Compensation for Outside Professional Activities that I may have received in excess of the cap on such Compensation during the Reporting Period.
3. I understand that the University will neither defend nor indemnify me for losses incurred in connection with any Outside Professional Activities, even if the third party pays (or I pay) some or all of the resulting Compensation for such activities to the University.
4. I understand that I am solely responsible for paying appropriate federal, state, and local taxes on all Compensation I receive (other than those amounts I am obligated to turn over and do, in fact, turn over to the Plan in a timely manner).
5. During the Reporting Period, I did not use University resources in connection with Outside Professional Activities.
6. During the Reporting Period, I complied with the "University’s Policy on Health Care Vendor Relations." (Policy is available at http://www.ucop.edu/ucophome/records/policy/RPP031206.pdf)
7. During the Reporting Period, any payments or in-kind donations from third parties in support of my research activities were made to the University (not to me directly).
8. I completed this Form after reading the attached instructions carefully, and all disclosures herein are accurate and complete to the best of my knowledge after careful review and thought.
9. I will submit a revised version of this Form for this Reporting Period if I subsequently recall or otherwise learn of information that may render any of the disclosures herein inaccurate, incomplete, or misleading.
10. I understand that timely submission of this Form with thorough and accurate disclosures for this Reporting Period is an explicit condition for my eligibility to receive incentive-based compensation via the Health Sciences Compensation Plan in this or any future Reporting Period.
11. I understand that this form is subject to disclosure by the University under the Public Records Act and further authorize the University in its sole discretion to disclose, publish, or otherwise release this form or the information herein to patients, health care practitioners, government officials, students, and the general public.
12. I hereby authorize the University and those entities I list on this form and their affiliates (collectively "Listed Entities") to exchange information as may be reasonably necessary to validate the accuracy and completeness of the disclosures I made and release the University and Listed Entities from liability for any disclosures made between them.

Please submit the completed form no later than July 31 after the end of the reporting year. Failure to complete and submit this form by the deadline may lead to a delay in, or forfeiture of, the ability to receive incentive-based compensation from the Health Sciences Compensation Plan for the Reporting Period or subsequent periods. In some cases, it may constitute grounds for termination of employment.
Staff can access the reports, including those already in draft form, from the Forms page. Note, the Forms page cannot be used to access drafts of any of the other types of forms.

Create an Academic Member Specific Form

Select Academic *

Click Link to Create a New Form

Outside Activity Request

Outside Annual Report 2015

Outside Annual Report 2016

Teaching Release/Extension of the Clock