

[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 or 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.

Forms Online URL:

<https://cas.ucdavis.edu/cas/login?service=https://academicaffairs.ucdavis.edu/FormsOnline/Review.cfm>

The screenshot shows the UC Davis Central Authentication Service (CAS) login page. At the top, it says "UC DAVIS UNIVERSITY OF CALIFORNIA" and "Central Authentication Service (CAS)". Below this, there is a warning: "Check the URL! University of California, Davis (US) | https://cas. The URL might not look exactly like this, but it will include a padlock, 'University of California, Davis' and start with cas.ucdavis.edu". The main section is titled "Secure Log In" and contains two input fields: "Login ID:" and "Passphrase:". To the right of these fields, there is a message: "To access this secure UC Davis web page, please enter your UC Davis login ID and Kerberos passphrase. For optimal security, please Log out and exit your web browser when you are done." Below the input fields is a "LOG IN" button. To the right of the "LOG IN" button are two links: "Need Help?" and "Verify Site Certificate" with a padlock icon.

Click Outside Annual Report:

The screenshot shows the Forms Online interface. At the top, there is a navigation bar with "Review", "Reports", and "Admin" tabs. Below this, there is a "Roles Website" sidebar with a "Review Tab Overview" link. The main content area has a "View Action Items" section with three checkboxes: "View Action Items" (checked), "View Pending Items", and "View All Other Items". Below this is a "View Form:" dropdown menu that is open, showing a list of form types: "View All", "Outside Activity Request", "Outside Annual Report", "Sabbatic Leave/Leave of Absence", "Capital Resource Network", "Courtesy WOS", "POP Request", "Postdoctoral Appointment", "Emeriti Recall", "Teaching Release/Extension of the Clock", "Request for Visiting Appointment", and "Volunteer Clinical Faculty". To the right of the dropdown menu is a "View Department:" dropdown menu. Below the dropdown menu is an "Include Past Academic Names" checkbox. At the bottom of the page, there is a "Current User: CLIFTON, LEEANN" and a message: "There are no records requiring action by you at this time".

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

REPORT OF CATEGORY I, II and III COMPENSATED OUTSIDE PROFESSIONAL ACTIVITIES AND ADDITIONAL TEACHING ACTIVITIES AND REPORT OF INVESTMENT INTERESTS IN HEALTH INDUSTRY COMPANIES FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2016 DISCLOSURES AND CERTIFICATION

Faculty Name: TEST, MEDTWO

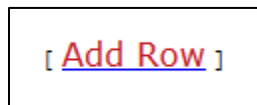
Terms of leave (if any)

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

[\[Add Row \]](#)

Category (I*, II or AT)	Total Days or Portion Thereof	Description of Activity. Identify any Device/Drug Associated with your work, if applicable	Nature of Relationship (e.g. consultant, speaker, employee or shareholder)	Name and General Description of the Business/Organization	Health Industry Company (Y/N)	Compensation (billed or received) for services	Other Remuneration (travel, stocks, gifts) for services
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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: 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

[\[Add Row \]](#)

Category (I*, II or AT)	Total Days or Portion Thereof	Description of Activity. Identify any Device/Drug Associated with your work, if applicable	Nature of Relationship (e.g. consultant, speaker, employee or shareholder)	Name and General Description of the Business/Organization	Health Industry Company (Y/N)	Compensation (billed or received) for services	Other Remuneration (travel, stocks, gifts) for services
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals						<input type="text" value="0"/>	<input type="text" value="0"/>

* If any activity is Category I, prior approval must be obtained by the Chnaccellor Designee. Submit an outside activity request form, the form can be selected from the drop-down in the upper right corner.

I did not engage in any Category I or II activities in the past year.

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.

Part II: Investment in Health Industry Companies Disclosure Statement

[\[Add Row \]](#)

Name of Health Industry Company. Specify Type of Industry	Nature of Investment Interest in Company (e.g. ownership, shares, stock)	Date Interest Acquired mm/dd/yy	Date Interest Disposed or Indicate if Still Held	Did You Perform Outside Professional Activities for this Company during the Reporting Period? (If yes, please ensure activity is reported above)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I held no applicable interest in a health industry company during the past year.

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:

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/coordrev/policy/PP031208.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.

[Submit](#) [Save Draft](#) [Undo Changes](#)

Reporting

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](#)