College of Medicine and Life Sciences – University of Toledo Conflict of Interest in Education and Clinical Care Disclosure Form

As outlined in University of Toledo (UToledo) College of Medicine and Life Sciences (COMLS) policy 3364-81-01-004-01 and in the Liaison Committee on Medical Education (LCME) Standard 1.2, all COMLS faculty and education administrators are required to submit conflict of interest (COI) disclosures to identify, manage, and provide appropriate oversight or elimination of situations that pose an actual or perceived COI in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

* Indicates a required field	
Name: First, Middle, Last*	
Email: *	
Academic Rank:*	If Other enter here:
Administrative Title (if applicable):	Examples include program director, course director, Assistant/Associate Dean, Chair, Director, etc.
Department/Division:*	
Chair:*	
Your role in medical education: *	Examples include lecture in M1 or M2 courses, clerkship preceptor, elective preceptor, etc.

Part 1 - Financial* Interest Disclosure:	Do you, your spouse, significant other, or dependent children have, or have had, within the past twelve (12) months financial interests in an <i>external</i> entity (company, non-profit, or public agency) with activities that are related to your institutional responsibilities? Examples of external financial interests include: salary, compensation, consulting fees, honoraria, speaker's fee, paid authorships, equity interests in a for-profit company or entity (stocks, stock options, or other ownership interests), intellectual property rights (such as royalties for patents or copyrights) not paid by UToledo, and/or reimbursed or sponsored travel (except from U.S. government agencies or higher educational institutions in the U.S.).					
Part 2 - Significant* Relationship Disclosure:	Have you, your spouse, significant other, or dependent children had a <u>significant relationship</u> with a commercial sponsor of research, educational, or clinical activities, whether paid or unpaid? Examples of significant relationships include serving as an officer, director, board member, or scientific advisory board member of a sponsor of research, educational, or clinical activities at UToledo.					

If you answered 'No' to both Parts 1 and Part 2, then submission is complete.

If you answered 'Yes' to either Part 1 or Part 2, then Part 3 must be completed.*

Please complete and return to your department administrator with your signed reappointment letter. If you have questions, reach out to Dr. Jason Huntley, Associate Dean for Faculty Affairs and Development at Jason.Huntley@utoledo.edu

Sign Here: Date:

Part 3 - Conflict of * Interest Disclosure

If you answered 'Yes' to either Part 1 or Part 2, then Part 3 must be completed

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	Conflict of Interest	Conflict of		Financial	Frequency of Financial Interest	Significant	
Name of external entity	Owner	Interest Type	Description of Financial Interest	Interest	Financial Interest	Relationship	Potential impact on medical education
If you answered 'Yes' to either financial interest (part 1) or significant relationship (part 2) with external entities, please individually list each external entity in separate rows.	Select below if the owner of the conflict of interest is 1. Self, 2. Spouse, partner, significant other, or 3. Dependent child for each external entity	Select below if the Conflict of interest is 1. Financial Interest or 2. Significant Relationship for each external entity	Note: You are NOT required to disclose income from: (1) Mutual funds for which you do not control the investment decisions within that fund; (2) Income from seminars, lectures, or teaching engagements sponsored by U.S. government agencies or U.S. higher education institutions; or (3) Royalty income from intellectual property generated from your invention licensed by UToledo. All other external income must be disclosed here. If Significant Relationship, please leave this field blank.	In round numbers (e.g., \$1000, \$5000, \$10,000, \$20,000), list current value, estimated value, or potential value of financial interest. If potential value, describe (e.g., royalty, future shares, future rights). If "in kind", estimate value.	If your financial interest was a one-time only occurrence, please list "one time only." If your financial interest occurred multiple times per year, please indicate how many times per year, amount per occurrence, and total per year	If you selected Significant Relationship to the left, please select the Significant Relationship below. If you selected Financial Interest to the left, please select "not applicable.	(1) Please explain the potential crossover between this disclosure, either financial conflict or significant relationship, and your role in medical education; (2) Please explain how you will manage this conflict