# Conflict of Interest Disclosure Form

The purpose of this document is to assist management in the identification, evaluation, and management of potential conflicts of interest and conflicts of commitment. Please complete the following information and submit the form. Answering affirmatively to any question does not necessarily mean that the situation is improper, but that disclosure, evaluation, approval, management, and/or oversight may be required.

<table>
<thead>
<tr>
<th>Last Name:</th>
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<tbody>
<tr>
<td>First Name:</td>
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<tr>
<td>Title:</td>
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<td>Department/Affiliation:</td>
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## A. General

1. Have you worked for any other units/departments at the University of Michigan within the last 5 years?  
   - Yes  
   - No  

2. Are you aware of any family members working for/affiliated with the University of Michigan?  
   - Yes  
   - No  
   If yes, please provide the Name, Relationship, and Department/Affiliation of each person.

## B. Outside Activities

1. Do you have knowledge of any arrangements between the University and an outside entity with which you or a member of your family has financial interests?  
   - Yes  
   - No  
   If yes, please provide an explanation:

2. Do you engage in any outside activities that may substantially burden or interfere with
your primary obligation or commitment to the University?
- Yes  - No
If yes, please provide an explanation:

3. Do you engage in any compensated activities, outside of your University appointment?
- Yes  - No
If yes, please provide an explanation of the activity:

C. Other Potential Conflicts

1. Are you aware of any potential conflicts of interest or conflicts of commitment with your University of Michigan appointment that has not been disclosed on this form?
- Yes  - No
If yes, please provide an explanation:

By submitting this form I certify that I have read and understand the DSA "Conflicts of Interest and Conflicts of commitment Implementation Policy and Procedure". I certify that the information in this form is true and complete to the best of my knowledge.

Submit Form