EXEMPTION REQUEST FORM

DISCLOSING CONFLICT OF INTEREST

RELATED TO RESEARCH OR DEVELOPMENT

**PART TWO**:

**DISCLOSURE AND EXEMPTION REQUEST**

**Please provide all information in boldface type.**

**Section One**. Directory Information. Supply the requested information about yourself, as the employee requesting the exemption, and about the entity with which your relationship is proposed:

A. About You

 Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 University Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Division/Department or Administrative Unit: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 FTE: **\_\_\_\_\_\_\_\_\_\_\_** Annual Salary: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 University Business Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Facsimile: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 E-mail Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

B. About Your Immediate Supervisor

 Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 University Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 University Business Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Facsimile: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 E-mail Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

C. About the Entity

 Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Form of Organization: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (e.g., LLC, corporation, partnership)

 State in which it is organized: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 General nature of its business activities: **\_\_\_\_\_\_\_\_**

 Any other names under which it does business, and the names

 of any wholly owned subsidiaries, or corporate parents

(companies which own the entity) which conduct business similar to the entity's business, or which also have relationships with UM or you. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A Contact Person: Give the name and title of an officer or other person at the entity or its parent who is informed about the proposed relationship:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Give the person's business address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Telephone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Facsimile Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 E-Mail Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

D. Additional Information

Is the entity an ongoing business concern? **\_\_\_\_**yes **\_\_\_**no

 If the entity is to be established, (a) when do you think it will be created? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (give month and year)

 (b) What state will it be organized in? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section Two**. Your Conflict of Interest Concerns. Supply information about the potential or actual conflict of interest and your proposal to mitigate it.

1. Description of Conflict of Interest. Describe in your own words the potential or actual conflict of interest which you or others have identified which led you to file this exemption request. Use the space provided, or attach a statement. You may attach supporting documents as helpful.

B. Steps to Mitigate Conflict. Describe in your own words what steps you think UM could take to ensure that the integrity of your UM work is not compromised by your relationship with the entity. Be thorough. Use the space provided, or attach a statement. You may attach supporting documents as helpful.

Have you discussed these suggestions with the entity (y/n)? **\_\_\_\_\_\_\_**

Is the entity prepared to pay the costs associated with implementing these suggestions (y/n)? **\_\_\_\_\_\_**

**Section Three**. Research and Development Activities. Explain how, in your view, the exemption will advance the research and development goals of the Public-Private Partnership Act. What are the research and development activities of the entity? In providing this information, remember that the UM Procedures Implementing Board of Regents Policy on Conflicts of Interest in Research or Development define "research" and "development" as basic or applied research or development, including (A) the development or marketing of university-owned technology or intellectual property; (B) the acquisition of services of an official or employee by an entity for research and development purposes; or (c) participation in State economic development programs. Research does not have to be sponsored research in order for relationships with entities to be eligible for Public-Private Partnership Act exemptions.

**Section Four**. Details of Relationship. Provide information about the entity's relationship, present and/or proposed, with UM, and the entity's present or proposed interest in your work at UM.

A. Sponsored Research Agreements. Describe any present or proposed sponsored research agreements with the entity, as sponsor or as subcontractor to UM, involving you or your laboratory or academic group. Give the approximate budget, the Principal Investigator, the title of the project, and the name of the UM grants and contracts administrator most familiar with the project.

B. Options or License Agreements. Describe any present or proposed options or license agreements known to you between UM and the entity if such agreements relate to inventions or other intellectual property developed by you or in your laboratory or academic group, giving the title of the subject intellectual property.

C. Entity Interest in Outcome. If, to your knowledge, the entity is interested in the outcome of your research or academic work, but is not a sponsor of your work, explain why the entity has such interest, in your opinion.

D. Gifts or Grants. If the entity has made gifts or grants to UM or the University of Maryland Foundation (UM Fund) in support of your work at UM, give information about the dates and amounts of the gifts or grants, including whether or not the funds were used for any purpose related to your proposed relationship with the entity.

**Section Five**. Ownership Information. If you are requesting an exemption permitting you to have an ownership interest in an entity, provide the requested information, and attach a copy of any written proposal or offer covering the ownership interest.

A. What "units" you will or may own. (E.g., stock, warrants, limited partnership interest, LLC interest.)

B. Ownership.

 Individual **\_\_\_\_\_\_\_** Joint **\_\_\_\_\_\_**

 If joint, name of co-owner: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

C. Value of your Ownership Interest. Current estimated dollar value **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. Percent of total ownership **\_\_\_\_\_\_\_\_\_\_\_\_.**

D. Conditions of Ownership. Describe any conditions or encumbrances affecting your ownership interest. (E.g., will you be prohibited from exercising options or selling stock for a certain period of time, or until certain events occur?)

E. Will you purchase the ownership interest? (Y/N) **\_\_\_\_** If so, what will you pay for it? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** How does that price compare with the market value, if there is a market value?

F. If you are not purchasing the ownership interest, what is the consideration for the ownership interest?

G. From what person or organization will you acquire your ownership interest?

**Section Six**. Your Employment Relationship. If you are requesting an exemption for an employment relationship (including both traditional compensated employment and other relationships e.g., consulting, office or executive responsibility in the entity's operations, board membership, royalties, etc.), attach a copy of any written proposal or offer covering the employment relationship and provide the requested information:

A. What position will you hold? What duties will you have on behalf of the entity? Be as specific as possible. In particular, if you will be conducting any research or scientific work for the entity, address what you will be doing, where you will do it, and the relationship, if any, to your work at UM.

 Title**:**

 Responsibilities**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

B. How much time per biweekly period **\_\_\_\_\_**, month **\_\_\_\_\_**, year **\_\_\_\_\_** will you be providing to the entity? **\_\_\_\_\_\_**

C. What compensation, if any, do you expect from the entity?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

D. Will you use annual and other paid leave time for the work for the entity? (Y/N) **\_\_\_\_\_** If no, please explain.

E. Are you requesting a leave of absence or change in level of FTE at UM in order to make your time available to the entity? (Y/N) **\_\_\_** If available, attach a copy of the request you have made and the approval.

F. If you are an externally funded investigator, what percentage of your FTE is budgeted to grants and contracts at this time?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section Seven**. Gifts. Describe any gifts for which you are requesting an exemption because of your relationship with the donating entity, or that entity's interest in your work.

If you are seeking permission to accept a gift or honorarium from an entity which has a relationship with you, or an interest in your work, provide the nature and value of the gift. You need to give this information whether you are considering a gift directly to you which you plan to retain, a gift you plan to give to another person or entity (e.g., assigning the gift to the UM Fund), or a gift arranged through you but directed to the UM Fund or other UM affiliates which can hold and administer funds for the benefit of your work.

Give the nature and value of the gift (cash, stock, etc,; market value or face value), and attach a copy of any written offer.

**Section Eight**.

A. Other Relationships with the Entity. Provide information about any other relationship with the entity which has not been discussed above, but which may require an exemption to be lawful. Include here matters such as employment of a spouse or dependent child by the entity, ownership of an interest in the entity by a spouse, dependent child, or other dependent, or relationships between the entity and other organizations with which you or your spouse or dependent child have ownership or employment relationships. In describing ownership interests, give details, including percentage interest and value. In describing employment, give levels of effort and salary.

B. Relationship with other organizations. Describe any employment, ownership, or business relationship held by you or a spouse or dependent child in any business which could be affected (positively or negatively) by your relationship, or the results of your work, for the entity discussed in this exemption request.

**Section Nine**. Signature and Approvals.

Before routing this form, execute it here. Please remind other reviewers to consider this form thoughtfully, complete their sections below, and execute the form if they are forwarding your request with a positive recommendation. Omit any steps of review which are not applicable to you. Be sure the last reviewer forwards the exemption request to the Conflict of Interest Officer.

A. I hereby make oath or affirm that the contents of this Exemption Request are true and correct to the best of my knowledge, information and belief. I have reviewed my research and financial interests with my Department Chair and we have discussed the resulting conflicts of interest. I will take all necessary measures to minimize any actual or perceived clinical or scientific bias which may result from these conflicts of interest, including abiding by all conditions upon which an exemption may be granted. Further, I will discuss any new development or change in my current situation with my Department Chair and determine what, if any, additional measures must be taken to minimize any effects of my financial interests.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Your Signature

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date

B. Supervisor's Statement

 I have reviewed this exemption request and I support it, subject to the conditions, if any, set out here: **\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Supervisor's Signature

C. Statement of Division Head or Director

 I have reviewed this exemption request and I support it, subject to the conditions, if any, set out here: **\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of Division Head or Director

D. Statement of Chairperson or Assistant/Associate Vice

 President

 I have reviewed this exemption request and I support it, subject to the conditions, if any, set out here: **\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of Chairperson or Assistant/

 Associate Vice President

E. Statement of Sr. Associate Dean/Academic Affairs

 I have reviewed this exemption request. I am aware of the nature of the conflict and the proposed measures to mitigate it. I am forwarding it to the Conflict of Interest Advisory Committee for its review, comments and suggestions.

**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of Sr. Associate Dean/Academic Affairs

F. Statement of Dean

 I have reviewed this exemption request. I am aware of the nature of the conflict and the proposed measures to mitigate it. I am forwarding it to the Conflict of Interest Advisory Committee for its review, comments and suggestions.

**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of Dean

FORWARD THIS FORM VIA CAMPUS MAIL TO ALISON J. WATKINS, UMB CONFLICT OF INTEREST OFFICER, ACADEMIC AFFAIRS, RESEARCH INTEGRITY OFFICE, FIFTH FLOOR, 620 W LEXINGTON BUILDING.