**Rhode Island College Financial Disclosure Form for All Investigators  
Conducting Research or Other Activities**



**Supported by External Grant Funds  
(Continuing Disclosures)**

Investigator Name:

Project Name:

Source of Funds:

Status: Current Pending

Role in Project: PI Co-PI Senior/Key Personnel Consultant Unpaid Collaborator   
Other Investigator

In making the following certification and representations, please remember that all of the following must be *included* as significant financial interests:

* All financial interests pertaining to you personally;
* All pertaining to your spouse or registered domestic partner;
* All pertaining to a dependent child.

The following types of financial interests are *excluded* and should not be reported on this form as significant financial interests:

* Salary, royalties, or other remuneration from Rhode Island College;
* Income from investment vehicles such as mutual funds or retirement accounts, as long as you do not directly control the investment decisions made in these vehicles;
* Income from seminars, lectures, or teaching engagements sponsored by, or serve on advisory committees or review panels for, or travel sponsored or reimbursed by any or all of the following (U.S.-based entities only):
  + Federal, State or local government agencies
  + Institutions of higher education
  + Academic teaching hospitals
  + Medical centers
  + Research institutes affiliated with institutions of higher education.

Check one of the following statements:

I certify that I have reviewed my previous disclosures and that neither I nor my spouse, partner, or dependents have any new or changed significant financial interests to report at this time.

I have the following relationships, affiliations, activities or interests which constitute new or changed significant financial interests under the Rhode Island College Conflict of Interest policy (see following pages):

Signature Date

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**Publicly Traded Entities**



*Instructions: Copy as many times as needed for all publicly-traded entities. Do not include any company for which subtotal of all financial interests < $5,000*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company Name and Stock Market Abbreviation** | **Interests Pertaining to (check all that apply):** | **Type of Interest** | **Value of Interest** | | |
|  | Self  Spouse/Partner  Dependent Child | **Equity** | **# Shares** | **Current Market Value** | **Total Value** |
|  |  |  |
| **Compensation (total over last 12 calendar months)** | **Total Value** | |  |
| **Description of Relationship:** |  |
| **Subtotal (Total Equity Value + Compensation over last 12 months)** | | |  | | |

**Non-Publicly Traded Entities (Equity Interests)**

*Instructions: List all non-publicly traded entities in which you, your spouse/partner and/or your dependent child hold an equity interest, regardless of dollar value. Add rows if needed. Estimated $ value and % ownership columns are optional, but the College reserves the right to request this information during a Conflict of Interest determination process if these are left blank.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entity Name** | **Interests Pertaining to (check all that apply):** | **Entity Business Type** | **Estimated $ Value** | **% Ownership** |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |

Investigator Initials \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

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**Non-Publicly Traded Entities (Compensation)**



*Instructions: List all non-publicly traded entities in which you, your spouse/partner and/or your dependent child have received compensation of $5,000 or more in the last 12 calendar months. All columns must be completed in full. Add rows if necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entity Name** | **Interests Pertaining to (check all that apply):** | **Position or Relationship** | **Entity Business Type** | **Total Compensation in $** |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |  |

**Compensation for Intellectual Property Rights**

*Instructions: This does not include any payment from Rhode Island College for intellectual property assigned to the college in conformance with the college’s Intellectual Property policy. List all entities other than Rhode Island College from which you, your spouse/partner and/or your dependent child have received payment for intellectual property rights (e.g. royalties, licensing fees, etc.) in the last 12 calendar months. Add rows if necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Entity Name** | **Interests Pertaining to (check all that apply):** | **Description of Intellectual Property** | **Total Compensation in $** |
|  | Self  Spouse/Partner  Dependent Child |  |  |
|  | Self  Spouse/Partner  Dependent Child |  |  |

Investigator Initials \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Page 3 of 4**Sponsored or Reimbursed Travel**



*Instructions: List any instance of travel from the last 12 calendar months which was either sponsored or reimbursed by an entity other than Rhode Island College other than those types of entities excluded on page 1. Include any instance where reimbursement was made by Rhode Island College from a fund account sponsored by a non-excluded entity. Add rows if necessary. Estimated cost column is optional, but the college reserves the right to request this information from you or the sponsor during a Conflict of Interest determination process if this space is left blank.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Traveler (check all that apply)** | **Destination** | **Dates of Travel** | **Purpose of Travel** | **Sponsor Name or Reimbursement Source** | **Estimated costs in $** |
| Self  Spouse/Partner  Dependent Child |  |  |  |  |  |
| Self  Spouse/Partner  Dependent Child |  |  |  |  |  |
| Self  Spouse/Partner  Dependent Child |  |  |  |  |  |
| Self  Spouse/Partner  Dependent Child |  |  |  |  |  |
| Self  Spouse/Partner  Dependent Child |  |  |  |  |  |
| Self  Spouse/Partner  Dependent Child |  |  |  |  |  |
| Self  Spouse/Partner  Dependent Child |  |  |  |  |  |

Investigator Initials \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

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