

**This Reporting Form should be used by the Warner School of Education and Simon Business School**

**University of Rochester**

**Reporting Form – Outside Activities**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School/Department(s): \_\_\_\_\_ Period:  annual: Jan. 1, 2024 – present

OR  ad hoc

**Due: March 1, 2025 (for annual reporting process)**

Purpose: The purpose of this survey is to report all compensated outside activities that may influence, or appear to influence, an individual's University responsibilities in clinical care, research, teaching or administrative services. The goal is to assist faculty members and others in identifying and managing potential conflicts of interest in their University activities. By reporting and managing financial relationships, the University of Rochester and its faculty and staff can work together to avoid situations that may appear to compromise their integrity. Completion of this survey also fulfills federal grant requirements for reporting of financial interests in research.

Who Must Complete This Survey:

- All University of Rochester faculty members with paid academic, clinical or research appointments;
- All study coordinators or other employees actively involved in negotiation or conduct of sponsored clinical research at the University of Rochester.

Timing: This survey must be completed within 60 days of appointment/hire, annually no later than March 15th for the prior year, and to provide updates after the annual reporting cycle has been completed (e.g. when a new financial interest is acquired that is related to a faculty member's sponsored research).

For background on the UR policy requirements, refer to the Faculty Policy on [Conflict of Interest and Commitment](#). You may also contact your Dean, the Office of Research and Project Administration or Office of Counsel.

Please answer the following questions:

- A. Did you receive payment or anything else of value from any organization outside of the University of Rochester for your participation in professional and/or academic activities? (Do not include salary support from University of Rochester grants or contracts, OR income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at [20 U.S.C. 1001\(a\)](#), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education; or income from service on advisory committees or review panels for a Federal, state, or local government agency, an Institution of higher education as defined at [20 U.S.C. 1001\(a\)](#), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education. Note: receipt of payment or anything else of value from a foreign source must be reported.)

Yes  No

- B. Do you or any of your family members (spouse, domestic partner, dependent children) have any intellectual property rights, e.g. patents, trademarks, copyrights, licenses, or royalties? (Note: Do not include intellectual property rights that are owned by the University of Rochester.)

Yes  No

- C. Do you or any of your family members (spouse, domestic partner, dependent children) have any ownership, employment or fiduciary relationship with an outside organization that does business with, or seeks to do business with, the University?

Yes  No

- D. Do you or any of your family members (spouse, domestic partner, dependent children) own or control equity (e.g. stock or other ownership not held through a mutual fund) in any company with a business interest that is related to your institutional responsibilities (e.g. research, teaching, clinical or administrative duties)?

Yes  No

- E. Are you or any of your family members (spouse, domestic partner, dependent children) an officer, director, partner or employee in any company or organization with a business interest that is related to your institutional responsibilities (e.g. research, teaching, clinical or administrative duties)?

Yes  No

- F. Do you or any family members (spouse, domestic partner, dependent children) have any other activities outside of the University of Rochester, or receive any other external payments that could

appear to be related to your institutional responsibilities, not already reported in the preceding survey questions?

Yes  No

If you answered Yes to any of the above questions, please explain your answers. Include a description of your activities, number of days (if applicable), and amount of compensation or value. If you participate in UR research funded by an outside entity with which you have an interest as indicated above, or if your UR research involves a drug or device of the entity, describe the study and your role in the study.

G. Are you involved in either a “Foreign Talent Recruitment Program” or “Malign Foreign Talent Recruitment Program”?

Before answering this question, review the definitions of “Foreign Talent Recruitment Program” and “Malign Foreign Talent Recruitment Program” in the University’s [Policy on Foreign Talent Recruitment Programs and Malign Foreign Talent Recruitment Programs](#) and the University’s [guidance](#) on these programs. If you need assistance before answering this question, you can also contact the University’s Research Security Officer (Joe Doyle; [joe.doyle@rochester.edu](mailto:joe.doyle@rochester.edu)) for consultation.

Note: Participation in a Malign Foreign Talent Recruitment Program is prohibited for “Covered Individuals,” as defined in the *Policy on Foreign Talent Recruitment Programs and Malign Foreign Talent Recruitment Programs*. Participation in a Foreign Talent Recruitment Program must be reported as Current and Pending (Other) Support and disclosed on the Biosketch to federal agencies, if applicable.

Yes  No

If yes, include any relevant agreements or documents describing the foreign talent recruitment program (maligned or otherwise), and a description including: (1) The name of the organization or program, (2) the nature of your responsibilities in the program, (3) the duration of your commitment (specify either total number of days, weeks, or months, or give a date range), and (4) the amount of compensation you received during the reporting period and have received to date during the current calendar year as a result of participating in the program.

#### H. QUESTIONS ON EXTERNAL APPOINTMENTS, AFFILIATIONS, AND FUNDING

Is your UR research supported by active federal funding, or do you expect to apply for or receive federal funding for your UR research during the upcoming year? Note: these relationships may need to be disclosed to funding sponsors to meet Federal requirements. If you have any questions regarding disclosure in Current and Pending (Other) Support documents or Biosketches, contact your ORPA Research Administrator.

Yes  No

If yes, please answer the following questions:

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1. Do you hold a paid scientific academic, professional, or institutional appointment or position at any organization other than the University of Rochester that has not been identified in other sections of this reporting form?

Yes  No

- If yes, note that this appointment or position must be disclosed on your Biosketch submitted to federal agencies.
- If yes, describe and identify the institution, organization, or entity.

• If yes, is this appointment or position with a foreign institution, organization, or entity?

Yes  No

2. Do you hold an unpaid academic, professional, or institutional appointment or position any organization other than the University of Rochester? This includes unpaid appointments or positions such as guest, adjunct, honorary, or visitor titles.

Yes  No

- If yes, note that this appointment or position must be disclosed on your Biosketch submitted to federal agencies.
- If yes, describe and identify the institution, organization, or entity.

- If yes, is this appointment or position with a foreign institution, organization, or entity?

Yes  No

3. Do you serve as Principal Investigator or as senior or key personnel on any research awards that are not funded by or through the University?

Yes  No

- If yes, note that this funding must be reported as Current and Pending (Other) Support to federal agencies.
- If yes, describe and identify the funding source.

- If yes, are any of these awards funded by a foreign source?

Yes  No

4. Other than resources made available to you through the University of Rochester, are any other resources made available, or expected to be made available, to you in support of your research and development efforts (regardless of whether the resource has monetary value and including in-kind contributions, such as the provision of office or laboratory space, equipment, supplies, employees, or students)? This also includes visiting scholars/faculty, postdoctoral appointees or students funded by external sources.

Yes  No

- If yes, note that these resources must be reported as Current and Pending (Other) Support to federal agencies.

- If yes, describe and identify the funding source.

- If yes, are any of these resources made available by a foreign institution, organization, or entity?

Yes       No

Certification:

I certify that (a) the responses above are true and complete to the best of my knowledge, (b) I have read the University of Rochester [Faculty Policy on Conflict of Commitment and Interest](#), and (c) I am in compliance with University of Rochester policies related to conflicts of interest and commitment. I will comply with any conditions or restrictions imposed by the University to manage actual or potential conflicts of interest.

Faculty who procure goods and services under Federal awards must complete the “2 CFR 200 Procurement Principles” training that is located in MyPath. This training is also required for all research staff and administrators who have been delegated the authority to purchase goods and services from Federal funds.

I agree to notify my Dean or other immediate supervisor and update this form when my financial interests or relationships or activities with outside entities, or those of my family members, significantly change.

Name:

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Signature:

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Date: 

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