

## Financial Interests Report: Part I

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

Sponsored program(s)\*: \_\_\_\_\_

(\* List programs for which you are responsible for the design, conduct, or reporting, or for writing proposals for such funding.)

I am reporting on activities:  for the year \_\_\_\_\_

as an addendum to my recent report

<input type="checkbox"/> yes	<input type="checkbox"/> no	1. Compensation (including travel expenses). Have you or a member of your immediate family received compensation from a for-profit entity for activities such as consulting, expert witness, advisory board membership, and the like? If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	2. Equity. Do you or a member of your family own stock or hold stock options with a publicly-traded or privately-owned entity? (Do <b>not</b> include mutual funds and retirement accounts, so long as you do not directly control the investment decisions made in these vehicles.) If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	3. Role. Do you or a member of your family serve as a director, trustee, officer or other key employee in a for-profit corporation, partnership, business, or other entity outside of SCCC. If yes, furnish information on an additional page.
<input type="checkbox"/> yes	<input type="checkbox"/> no	4. Intellectual Property. Do you or a member of your family have rights to and/or receive royalties from intellectual property (including, patents copyrights and trademarks <b>but excluding</b> academic or scholarly works) licensed to and/or owned by a for-profit entity? (Do <b>not</b> include intellectual property owned or managed by SCCC). If yes, furnish information on an additional page.

Certification:

I have read and understand SCCC's policy on Research Conflict of Interest in projects sponsored by agencies requiring a formal Research Conflict of Interest policy and have completed this report to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by SCCC to manage any real or perceived conflicts. Should my outside financial or managerial interests, or those of my family, change in a way that results in different answers to any of the questions asked in this report, I agree to submit a revision.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

additional page(s) attached

## Financial Interests Report Part II

Addition to Financial Interests Report of: \_\_\_\_\_

Complete this form if you answered 'yes' to one or more of the questions in Part I.

**Significant Obligations:** If you or your family hold unpaid positions (officer, trustee, director, employee, consultant, etc.) to a non-SCCC, for-profit or not-for-profit entity:

	Entity name	Your role and responsibilities
1.		
2.		
3.		
4.		

**Financial Interests:** (Do **not** include mutual funds and retirement accounts, so long as you do not directly control the investment decisions made in these vehicles.):

	Publicly traded	Non-publicly traded	Entity name	\$ value	Description
1.	<input type="checkbox"/>	<input type="checkbox"/>			
2.	<input type="checkbox"/>	<input type="checkbox"/>			
3.	<input type="checkbox"/>	<input type="checkbox"/>			
4.	<input type="checkbox"/>	<input type="checkbox"/>			

**Intellectual Property Rights, Royalties, etc.:** Including, patents copyrights and trademarks **but excluding** academic or scholarly works:

	Sponsor/entity	Product	Nature of your interest	\$ income
1.				
2.				
3.				
4.				

**Travel:** (Do **not** disclose travel paid with SCCC funds or travel reimbursed or sponsored by a federal, state, or local government agency, an Institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.)

	Paid by	Destination	Purpose and duration	\$ amount
1.				
2.				
3.				
4.				

## Financial Interests Report Part II

Certification:

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(date)

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(signature)