

CONFLICT OF INTEREST DISCLOSURE

The primary goal of an annual conflict of interest disclosure is to manage potential and actual conflicts of interest. When completing this form, if you are unsure whether or not to include information, please include it. The information provided is maintained in a confidential manner by Mines, subject to the procedures outlined in the Conflict of Interest Policy.

Complete all the information			
Name		Email	
Position Title		Phone	
Department or Center (primary)		Office Location	
College		Reporting Period (Calendar Year)	
Check all categories applicable to this submission			
	Initial Reporting	Annual Reporting	Change, Addition, or Correction to Reporting
Check all categories that apply to you			
Full time	Academic Faculty	Post-Doc	External Investigator
Part time	Administrative Faculty	Visiting Scholar	Mines personnel responsible for Conduct, Design or Reporting on research
Temporary	Research Faculty	Subcontractor	Other

Definitions:

Immediate Family – The immediate family member of a faculty member and includes the faculty member’s spouse, domestic or civil union partner and dependent children.

Institutional Responsibilities - Institutional Responsibilities are the faculty member’s professional responsibilities on behalf of CSM, and typically refers to the performance of duties related to research, scholarship, education and service. Examples may include, but not be limited to, activities such as research, research consultation, teaching, work on scholarly publications, and service on institutional committees.

Name:

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Check Yes or No, or complete the blank.	DISCLOSURE QUESTIONNAIRE
<p>YES</p> <p>NO</p>	<p>1. During the past 12 months, I (and/or my Immediate Family) received compensation and/or other payments for services (remuneration), such as consulting fees or honoraria that, when aggregated, exceed \$5,000 in value from an external organization or activity that has/have a relationship to my Institutional Responsibilities.</p> <p>(Do NOT include any salary or remuneration received from Mines if you are currently employed or appointed by Mines.)</p>
<p>YES</p> <p>NO</p>	<p>2. During the past 12 months, I (and/or my Immediate Family) owned equity interests, such as stocks, stock options, or other ownership interests either</p> <p>a) in publicly traded corporations that when aggregated exceed either \$5,000 in value or 5% ownership interests in any single entity that or</p> <p>b) in privately-held entity has any dollar value or any level of ownership and has/have a relation to my Institutional Responsibilities.</p> <p>(Do NOT include any equity interest in mutual or pooled funds that you or your Immediate Family does not have direct control over.)</p>
<p>YES</p> <p>NO</p>	<p>3. I (and/or my Immediate Family) am an inventor of intellectual property, outside of my Mines employment, that has been or will be licensed by an external organization to which I:</p> <p>a) have received or will receive financial consideration, such as license fees or royalties or</p> <p>b) created, discovered, or reduced to practice an invention(s) using Mines' resources for which title has not been assigned to Mines.</p> <p>(Do NOT include any payments you are receiving from Mines for Mines-owned intellectual property. "Mines resources" may include, but are not limited to: office/lab space; computers; equipment; funding; grant funds; time; personnel; etc.)</p>
<p>YES</p> <p>NO</p>	<p>4. During the past 12 months, I was directly reimbursed for travel or was provided travel by an external organization/party and this travel was related to my Institutional Responsibilities.</p> <p>(Do NOT include travel reimbursed or sponsored by, or that flowed through the Mines' payment system, a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or research institute that is affiliated with an institution of higher education.)</p>
<p>YES</p> <p>NO</p>	<p>5. During the past 12 months, I (and/or my Immediate Family Member) served on a board of directors, advisory board, or as an officer of an organization doing business with Mines.</p>

Name:

Check Yes or No, or complete the blank.	DISCLOSURE QUESTIONNAIRE
YES NO	6. In the next 12 months, I anticipate change(s) to at least one item that I reported above in items 1 through 5. If yes, please explain:
<p style="text-align: center;">If you answered yes to any of the above questions, you must provide additional information in the Conflict of Interest Disclosure Supplement.</p>	
<p>By my signature below, I am acknowledging and agreeing to the following:</p> <ul style="list-style-type: none">• I have read and understand the Colorado School of Mines Faculty Handbook and Conflict of Interest Policy, located in the <u>Mines Policy Library</u> and I am completing and filing this form in accordance with Mines' Policy;• I understand that I have a continuing obligation to update and revise my disclosure form no later than 30 calendar days after discovering or acquiring (e.g., through purchase, marriage, inheritance or otherwise) any change in my and/or my Immediate Family's outside activities or related financial interests during the course of the next reporting period; AND• I understand that annual conflict of interest disclosures are required as part of and a condition to my employment with the Colorado School of Mines.	
<p><i>By my signature below, I certify to the best of my knowledge that the information I have provided on this Conflict of Interest Disclosure and the Disclosure Supplement hereto is true and complete, and that I am in compliance with the Colorado School of Mines Conflict of Interest Policy.</i></p>	
Date: _ / _ / _	Signature: _____ <div style="border: 1px solid red; width: 150px; height: 30px; margin-left: auto; margin-top: 10px;"></div>

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CONFLICT OF INTEREST DISCLOSURE SUPPLEMENT

Name: _____

Date: _____

For any areas that you checked YES on the COI Disclosure, please provide additional information in the appropriate chart.

Receiver of Remuneration (self, spouse, child, partner)	Organization	Description of Services	Total \$ received in the last 12 months from each
			\$
			\$
			\$

Holder of Equity Interest (self, spouse, child, partner)	Type (stock, stock options, warrants, etc.)	If stock options, are they currently exercisable? (y/n)	Name of Entity Stock/Options are Held in	Entity publicly traded on a stock exchange? (y/n)	Number of Shares, options, warrants, etc.	Market Value of Shares (\$)	Percentage of ownership in entity
							%
							%
							%

Receiver of IP related remuneration (self, spouse, partner, child)	Type (patent, trademark, copyright)	Government ID number	Subject Matter of IP (describe it)	Owned by (name)	Inventor(s) (names)	Total \$ received in the last 12 months
						\$
						\$
						\$

Name:

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Traveler (Name, relationship to you)	Date of Travel	Sponsor/Organizer of Travel	Duration	Destination	Purpose (e.g., Scientific meeting, research collaboration, professional service, professional development, data collection)

Service (Name, relationship to you)	Position	Organization	Duration of Position	Remuneration (past 12 months total money)	Time commitment (total days in the past 12 months)
				\$	
				\$	
				\$	

**If additional pages are necessary you may add them as needed.