

Declaration of Potential Conflict of Interest and Commitment

Name: _____ Position: _____

Department: _____ Work Phone: _____

Other Phone
(optional): _____ Best time to call: _____

Email (work or personal per contact preference): _____

Preferred method of Contact (i.e., phone, email): _____

The APSEA Conflict of Interest and Commitment Policy should be read prior to completing this form. In order for APSEA to be able to review and manage a conflict, it is important that any related information be reported. This will allow conflict situations to withstand reasonable and independent scrutiny in a way that considers, protects, and serves the interests and reputation of APSEA.

This form requests information that is relevant and necessary to review and assess potential conflicts of interest, conflicts of commitment, or institutional conflicts. Human Resources may consult with you, your supervisor/manager and/or other people as necessary to consider all factors when making a decision.

You may be asked to place related activities, decisions, etc., on hold pending assessment.

Declaration

Briefly describe the situation in detail. If there is supporting material, please attach it. At a minimum, your declaration should include information regarding:

- the nature of the activity/work/decision, etc.;
- the names of any persons or organizations involved in the conflict situation;
- an estimate of the time required to perform the activity/work or the time at which the decision must be made;
- any other relevant dates in advance of which the situation must or should be reviewed;
- the extent, if any, of the use of APSEA facilities, supplies, employees, or students;

- any other external activities that have already been approved or which are continuing from an earlier year or any past review under this Policy;
- any relevant relationships to third parties or organizations as relevant to the conflict situation; and
- the impact the activity/work/relationship/decision may have on teaching, research, operational and/or decision-making responsibilities.

Description of situation:

I have read the APSEA Conflict of Interest and Commitment Policy, and I understand the requirement for full disclosure. I confirm that the information provided in this declaration, and in any supporting information submitted, is true and correct to the best of my knowledge and belief. I agree to cooperate in any review and will comply with the confidentiality requirements outlined in the Policy.

Declarant Signature

Date

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