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# WESTERN KENTUCKY UNIVERSITY

## 2026 Conflict of Interest Annual Disclosure Form

| Name:                | Email:               |
|----------------------|----------------------|
| Title/Rank:          | Phone:               |
| School/College:      | WKU ID Number:       |
| Department   School: | Date Form Completed: |

| D  | epartment   School:   Date Form Completed:   |
|--|--|
| IN:  | STRUCTIONS: Check the appropriate box for each question and provide an explanation if applicable.  |
| SE   | CTION 1: TRAINING & POLICY REVIEW  |
| 1.   | I have reviewed WKU's Financial Conflict of Interest Policy within the past 12 months.<br>$\Box$ Yes $\Box$ No   |
| 2.   | I have applied for Public Health Service (PHS) funding within the last 12 months.  Note: PHS includes FDA, NIH, CDC, SAMHSA, etc. See <a href="https://www.federalregister.gov/agencies/public-health-service">https://www.federalregister.gov/agencies/public-health-service</a> for a full list of PHS agencies.  Yes (If "Yes," federal regulations require annual disclosure or within 30 days of any identified FCOI)  No |
| 3.   | I have completed Conflict of Interest training through <u>CITIProgram.org</u> within the last four years.  □ Yes Date Completed: □ No  |
| 4.   | I have completed Responsible Conduct of Research (RCR) training through CITIProgram.org.  □ Yes Date Completed: □ No   |
| 5.   | If you are currently a Principal Investigator (PI), co-PI, or key personnel on a <b>federally-funded</b> sponsored project, answer the question below. Otherwise, check N/A. If you do not know if your funding qualifies as federal, please contact <u>ori@wku.edu</u> .  |
|  | Have you completed the "Research Security Training (Combined)" course through CITIProgram.org within the past 12 months?   |
|  | ☐ Yes Date Completed: ☐ No ☐ N/A   |
| SECTION 2: SIGNIFICANT FINANCIAL INTERESTS (SFI) |  |
|  | <b>DEFINITION:</b> A Significant Financial Interest includes financial interests held by you, your spouse/domestic partner, or dependent children:   |
|  | <ul> <li>Publicly-Traded Companies: Combined income and equity exceeding \$5,000 in past/next 12 months</li> <li>Non-Publicly-Traded Companies: Income exceeding \$5,000 in past 12 months, OR any equity interest</li> </ul>  |
|  | • Intellectual Property: Income from patents, copyrights, etc.   |

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### (SFI Definition continued)

**EXCLUSIONS:** Income from government entities, higher education institutions, or mutual funds where you do not control investments

- 6. I or my immediate family have a significant financial interest in an entity that:
  - Has products/services/research that could affect my institutional responsibilities or sponsored projects

|    | <ul> <li>Sponsors my research or program</li> <li>Sells goods/services to WKU for use in my research</li> </ul>   |
|----|---|
|    | Has made/pledged a gift to WKU supporting my work   |
|    | • Has other involvement (e.g., consulting) in my institutional responsibilities   |
|    | □ Yes □ No  |
|    | If yes, please explain:   |
|    |   |
| SE | CTION 3: TRAVEL, OTHER AFFILIATIONS, & EXTERNAL SUPPORT   |
| 7. | I or my immediate family serve(d) in the past 12 months as an officer, director, partner, trustee, employee, or advisory board member of any entity other than WKU (within or outside the U.S.) that relates to my institutional expertise or responsibilities. |
|    | □ Yes □ No  |
|    | If yes, please explain:   |
|    |   |
| 8. | I or my immediate family have received or will receive travel sponsorship or reimbursement from any entity (within or outside the U.S.) in the past/next 12 months.   |
|    | Note: No minimum threshold. Excludes travel support from WKU, other universities, academic medical centers, or U.S. government organizations.   |
|    | □ Yes □ No  |
|    | If yes, please explain:   |
|    |   |

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Lhave a current or past affiliation with an organization (within or outside the U.S.) that could directly

|       | enefit from, influence, or be perceived as affecting WKU research or educational activities.  |
|-------|---|
|       | □ Yes □ No  |
|       | If yes, please explain:   |
|       |   |
|       | or my immediate family receive income or research support from foreign governments or foreign astitutions.  |
|       |   |
|       | If yes, please explain:   |
| 11. I | currently have or plan to have formal <i>interactions</i> with any entity outside the United States, including  |
|       | Foreign research support (paid or in-kind, from any source)   |
|       | Research grants from foreign entities with measurable effort  |
|       | Participation in foreign talent recruitment programs  |
|       | <ul><li>External financial support for laboratory personnel</li><li>Provision of high-value materials/data to foreign entities (not freely available)</li></ul> |
|       | <ul> <li>Paid/unpaid teaching or summer appointments supporting research with foreign entities</li> <li>Complimentary foreign travel</li> </ul>                 |
|       | □ Yes □ No  |
|       | If yes, please explain:   |
|       |   |

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| 12. I currently have or have had (within the past 12 months) foreign <i>affiliations</i> , including outside professional appointments, activities, or relationships (paid or unpaid), regardless of effort level. |
|--|
| Note: Includes affiliations with foreign institutions of higher education, foreign governments, or participation in foreign talent programs.   |
| □ Yes □ No   |
| If yes, please explain:  |
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|  |
| 13. I plan to collaborate with non-U.S. citizens or foreign entities related to any grant or sponsored proje   |
| □ Yes □ No   |
| If yes, please explain:  |
|  |
|  |
|  |
|  |

#### INVESTIGATOR'S ASSURANCE

#### I certify that:

- I have read and will abide by WKU's Financial Conflict of Interest in Extramural Contracts and Grants policy
- The information provided is true and complete to the best of my knowledge
- I will disclose all Significant Financial Interests and foreign interactions
- If any answer changes during the grant period, I will update this form within 30 days via ad hoc disclosure
- I will comply with any conditions or restrictions to manage conflicts, including Management Plans if needed
- I will provide additional information as requested by the Office of Research and Creative Activity.

**SUBMISSION:** Please electronically sign within <u>IRBNet</u> to certify this information. Submit completed forms in IRBNet following directions provided in the email from <u>ori@wku.edu</u>. **By submitting this form through IRBnet.org**, you are affirming your understanding of the Investigator's Assurance above.