

PHS Financial Conflict of Interest (FCOI) Certification

PART I:

Each Investigator/Researcher must check one option and sign. Each Investigator responsible for the design, conduct or performance of a sponsored program must have an annual Conflict of Interest Disclosure Form filed. If changes occur during the life of the sponsored program and a financial conflict develops (not included on the annual disclosure), each Investigator must immediately disclose.

Sponsor: _____

Proposal Title: _____

I confirm that I will comply with NMSU's Conflict of Interest Policy and notify the appropriate party if changes occur during the life of the sponsored program.

- I certify that:
- A. No conflict of interest or commitments exists.
 - B. A financial conflict of interest or commitment may exist and a plan to manage or eliminate the conflict is in place.

PHS Reimbursed or Paid Travel Disclosure Certification

PART II:

Have you received any travel reimbursement or been sponsored for travel (example: travel expenses paid on behalf of Investigator and not reimbursed to Investigator), the past 12 months, by any entity related to your institutional responsibilities? This does not include travel sponsored or reimbursed by a federal, state, or local government agency, a U.S. institution of higher education or an affiliated research institute, an academic teaching hospital, or a medical center? **If YES, complete Exhibit 1 attached to this document.**

Please print and sign your name below.

PART I	PART II	
<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> YES <input type="checkbox"/> NO	Lead Investigator Name/signature _____
<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> YES <input type="checkbox"/> NO	Investigator Name/signature _____
<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> YES <input type="checkbox"/> NO	Investigator Name/signature _____
<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> YES <input type="checkbox"/> NO	Investigator Name /signature _____
<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> YES <input type="checkbox"/> NO	Investigator Name /signature _____

PHS Reimbursed or Paid Travel Disclosure Certification
Exhibit 1

1. Date of travel was _____
2. Company or organizer of travel was _____
3. Destination was _____
4. Did your spouse or dependent children accompany you, and if yes who paid for their travel? _____
5. The monetary value of the travel was \$ _____
6. The purpose of the travel was _____

I declare that the above information being disclosed is true and accurate under the PHS regulations.

Please print and sign your name below.

Lead Investigator Name/Signature: _____

Investigator Name/Signature: _____