# Appendix C: DPH FCOI Policy Declaration

Please review the DPH policy on Managing Financial Conflicts of Interest in Federally Funded Research (DPH FCOI Policy) and sign and date the declaration below to indicate that you understand your responsibilities as an investigator/key personnel in PHS-funded research.

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| I have read the DPH FCOI Policy and understand the definition of Significant Financial Interest (SFI) and how it applies to me and my family. |  |
| I will promptly and fully disclose any Significant Financial Interest (including those of a spouse or dependent child) that reasonably relate to my PHS-funded research at DPH and, if applicable, will comply with any financial conflict of interest management or mitigation plans |  |
| I will submit an FCOI Disclosure Form (Appendix A of the policy document) annually, and within 30 days of discovering or acquiring a new significant financial interest. |  |
| I will undertake DPH FCOI training:   * prior to engaging in PHS-funded research; * at least every 4 years thereafter; and * whenever directed to do so by the DPH FCOI Officer |  |

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| Signed: |  |
| Print name: | Click here to enter text. |
| Job title: | Click here to enter text. |
| Role in PHS-funded research: | Click here to enter text. |
| Date: | Click here to enter a date. |