

**GEORGIA INSTITUTE OF TECHNOLOGY
REPORT ON OUTSIDE PROFESSIONAL ACTIVITY
AND POTENTIAL CONFLICT OF INTEREST**

Name _____ Title _____

Unit _____

This request is being made pursuant to one of the following:

- _____ annual disclosure as required by the Georgia Institute of Technology Faculty Handbook (due every July 1)
- _____ an update of my annual disclosure
- _____ in connection with my involvement as investigator in a proposal entitled:

" _____ "

where _____ is the sponsor.

_____ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**
(Please check **ONLY** if you have no external income-producing activities **AND** no possible conflicts of interest. Then, proceed to Part III, and submit to your unit head.)

Part I Conflict-of-Interest Screening Questions

1. Do you have a consulting or other financial relationship with any sponsor of any of your research?
___ Yes. (If so, please list and explain in an attached statement) ___ No
2. Do you or any member of your immediate family have a managerial role or a significant financial interest or a substantial interest¹ in any company in a field of your research or in any company that does business with the Institute?
___ Yes. (If so, please list and explain in an attached statement.) ___ No
3. Do you have non-Institute professional or income-producing activities involving either the Georgia Institute of Technology students, faculty or other staff?
___ Yes. (If so, please list those involved and explain in an attached statement.) ___ No
4. Do you or any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest² with your Georgia Institute of Technology appointment? Such relationships may include financial or fiduciary interests or uncompensated activities.
___ Yes. (If so, please list and explain in an attached statement.) ___ No

Part II Listing of Non-Institute Income-Producing Activities and/or Proposed Consulting Activities
(Do not include amounts of compensation. Attach additional sheets if necessary.)

Nature of your Activities	For whom: (e.g., Company/Organization)	Period of time for which permission is requested	Total Amount of Time involved and how such time is distributed

Part III Affirmation

In submitting this form I affirm that the above information is true to the best of my knowledge and I certify that I have read and understood the Conflict of Interest Policy, as set forth in the Georgia Institute of Technology Faculty Handbook, that I have made all required disclosures, and that I will comply with any conditions or restrictions imposed by the Institute to manage, reduce or eliminate conflicts of interest.

Staff Member's Signature _____ Date _____
Please submit to your unit head for administrative review and approval.

1 See the definitions of "significant financial interest" and "substantial interest" as set forth in the Faculty Handbook Conflict of Interest Policy Section.
2 As defined in the Faculty Handbook, Conflict of Interest Policy Section.