



**Academic Pediatric Association
Significant Financial Interests and Outside Activities and Interests Disclosure Form**

Project Title: _____

Disclosing Investigator: _____

Role in Research: _____

Phone: _____

Email: _____

Principal Investigator: _____ **Sponsor:** _____

Name(s) of personnel who are responsible for the design, conduct or reporting on any of the proposed research, including non-APA Investigators (domestic and foreign) such as collaborators, sub-recipients, or subcontractors proposed for funding: _____

Is this research funded by Public Health Service (PHS) grants and/or cooperative agreements?

- Yes
- No
- Funding application planned/currently under review

Any scientific element or segment of the project that is being conducted outside of the U.S., regardless of whether the foreign component will receive funding from the sponsored research application: _____

Does a foreign component provide the Principal Investigator or any research team members with any resources or financial support, access to, or in-kind support for laboratory space, research materials, supplies, equipment or staff participation: _____

Disclosure

- Initial Disclosure

Ad Hoc Disclosure

1. **Have you or a family member received remuneration for services in the past 12 months or own equity interest in any publicly traded entity, domestic or foreign, that might reasonably be related to your Investigator responsibilities, and which exceeds \$5,000 when aggregated?**

Note: Remuneration includes salary and any payment for services not otherwise identified as salary, such as consulting fees, honoraria, and paid authorship. Equity interests include stocks, stock options, or other ownership interests, as determined through reference to public prices or other reasonable measures of fair market value. This does not include interests in mutual funds and retirement funds in which you do not directly control investment decisions.

- Yes
 No

2. **Have you or a family member received remuneration for services in the past 12 months from any non-publicly traded entity, domestic or foreign, that might reasonably be related to your Investigator responsibilities, and which exceeds \$5,000 when aggregated? If there is no reasonable basis for assessing the fair market value or percentage interest in the non-publicly traded entity, please fully describe the nature of the equity interest, including the number of shares owned, voting rights, etc.**

Note: Equity interests include stocks, stock options, or other ownership interests. This does not include payments or income from seminars, lectures, or teaching engagements sponsored by a government agency, a U.S. institution of higher education or affiliated research institute, an academic teaching hospital, or a medical center.

- Yes
 No

3. **Have you or a family member received any payments in the past 12 months for any patents, copyrights, know-how or other intellectual property rights (e.g. royalties, license fees, equity or other consideration) that might reasonably be related to your Investigator responsibilities and which exceeds \$5,000 when aggregated?**

Note: Disclosure is not required for royalties, fees or other consideration paid to the Investigator by the APA for intellectual property owned by the APA (e.g., not personally owned by the Investigator).

- Yes
 No

4. **Do you or a family member have any advisory relationship, consulting, outside teaching, or scientific/academic appointment including adjunct, visiting or honorary, with any domestic entity (other than the APA), both paid and volunteer, as well as any unpaid appointment that provides you with access to, or in-kind support for, laboratory space, research materials, supplies, equipment, staff participation or living expenses?**

Note: Disclosure is not required for the following:

- a. Salary or other remuneration received from the APA if the Investigator is currently employed or appointed by the APA.
- b. Income from seminars, lectures, or teaching engagements sponsored by a U.S. federal, state or local government agency, a U.S. institution of higher education, a U.S. academic teaching hospital, a U.S. medical center or a U.S. research institute that is affiliated with a U.S. institution of higher education as defined in 20 U.S.C. 1001(a).

- c. Income from service on advisory committees or review panels for a U.S. federal, state or local government agency, a U.S. institution of higher education, a U.S. academic teaching hospital, a U.S. medical center or a U.S. research institute that is affiliated with a U.S. institution of higher education as defined in 20 U.S.C. 1001(a).

- Yes
- No

5. **Do you or a family member have any relationship with a foreign entity or government including, but not limited to, any involvement with a government talent recruitment program or similar-type program, both paid and volunteer, and any position or scientific appointment stemming from a foreign government, which includes local, provincial or equivalent governments, government agencies, institutions of higher education, academic teaching hospitals, medical centers, or research institutes that are affiliated with an institution of higher education that might reasonably be related to your Investigator responsibilities?**

- Yes
- No

6. **Have you or a family member received any reimbursed expenses, gifts, gratuities, favors, lodging, or entertainment offers in the past 12 months that might reasonably be related to your Investigator responsibilities and which exceeds \$5,000 when aggregated?**

Note: Investigators may not solicit or accept reimbursed expenses, gifts, gratuities, favors, lodging, or excessive entertainment for themselves, his/her spouse or domestic partner or dependent children, alone or in combination, or for any person or organization that does business or has the potential of doing business with the APA. Exempt from this prohibition are non-cash gifts of nominal value involving normal and ordinary social amenities or sales promotions.

- Yes
- No

7. **Have you or a family member received any sponsored or reimbursed travel within the United States in the past 12 months that might reasonably be related to your Investigator responsibilities and which exceeds \$5,000 when aggregated?**

Note: Disclosure is not required for Sponsored/Reimbursed Travel stemming from a U.S. federal, state, or local government agency, a U.S. institution of higher education as defined in 20 U.S.C. 1001(a), a U.S. academic teaching hospital, a U.S. medical center, or a U.S. research institute that is affiliated with a U.S. institution of higher education.

- Yes
- No

8. **Have you or a family member received any sponsored or reimbursed travel outside the United States in the past 12 months that might reasonably be related to your Investigator responsibilities?**

Note: Regardless of dollar amount. Foreign entities include, but are not limited to, those stemming from a foreign company or government, including local, provincial or equivalent governments, government agencies, institutions of higher education, academic teaching hospitals, medical centers, or research institutes that are affiliated with an institution of higher education.

- Yes
- No

Certification

I certify that I have read, understand and will abide by the Academic Pediatric Association's Financial Conflict of Interest (FCOI) Policy, have answered truthfully, and to the best of my knowledge have made all required disclosures.

Signature of Disclosing Investigator

Date



**Academic Pediatric Association
Appendix Form**

If you responded “Yes” to any of the above questions, please provide a detailed explanation below.

If you are disclosing travel, please provide the following information:

- a. The identity of the sponsor/organizer.**
- b. The month and year of the travel.**
- c. The financial value by range of the travel.**
- d. The value of any associated honorarium.**
- e. The purpose of the travel.**
- f. The destination of the travel.**
- g. The time duration of the travel.**