



University of North Carolina Wilmington

REPORT OF

POTENTIAL CONFLICT OF INTEREST ACTIVITIES OR RELATIONSHIPS

Completion of the following questions and associated report forms is required of all faculty and other EPA employees for compliance with the University Conflict of Interest Policy.

- 1. Do you have a family member who is employed by UNCW?
If yes, please state Name: Relationship
Title Dept/Unit
2. Are you or a member of your family on the Board of Directors or any Advisory Board of an enterprise that sponsors research, outreach, extension, testing, or service projects at the university...
3. Are you or a member of your family an employee or serving in an executive position of an enterprise...
4. Do you or a member of your family have an ownership/equity/interest/expectancy or other significant financial interest in an enterprise...
5. Are you engaged in external professional activities for pay...
6. Are any of your family members engaged in external professional activities for pay...
7. Do you supervise, select, evaluate services provided to the university by, or refer university business to an enterprise...

If the answer to any of Questions 2 to 7 is YES, then complete Form A.

- 8. Do you supervise any students or university personnel who work for an enterprise in which you are on the Board of Directors, an officer, have ownership interest, or are employed by for external professional activities for pay?
9. Do you employ or supervise any students or university personnel in your external professional activities for pay or in an enterprise in which you hold ownership/equity interest/expectancy?

If the answer to Question 8 or 9 is YES, then complete Form B.

- 10. Are you or a member of your family the author of a textbook, course pack, lab manual or other material that is required for any class that you teach and for which you or your family member receives royalties or other compensation from sources other than the university?
11. Is there any intellectual property (i.e., patent, trademark, copyright, or trade secret) owned by you which is used or licensed for use by the university?

If the answer to Question 10 or 11 is YES, then complete Form C.

SIGNATURES: I certify that all of the above information is correct and that I will promptly update information as changes occur. (Be sure that all questions have been answered before signing.)

Employee Date
Type or print name
Department/Unit

Reviewed by
Supervisor Date
Type or print name
Department/Unit