University of Colorado Boulder SAMPLE DEPA FORM for 2019(ver1)

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1. Are you involved in the design, conduct, or reporting of any Public Health Service (PHS) research project? (This includes, but is not limited to, agencies such as NIH, NCI, NICHD etc.) Reminder: If your answer is "yes", you must be current with the training module entitled CU: Conflict of Interest for NIH, and refresh every four years. This module must be completed prior to the release of a grant or contract award.								s 🗆) 🗆	
1a. IF you answered Yes to Question 1, during this report year, were you the recipient of reimbursed or sponsored travel related to your professional responsibilities? IF "YES" Please provide details for each travel sponsor that cumulatively met or exceeded a \$5,000 amount. Do NOT include travel reimbursed or sponsored by a federal, state, or local government agency; U.S. institutions of higher education, an academic teaching hospital, a medical center, or research institute that is affiliated with an institution of higher education within the U.S.								s 🗆	
City Star	te Country	Days Value S	oonsor P	urpose	C	Comments			
 2. During this report year, do you, or ANY family member with whom you have a close relationship, meet, or expect to meet any of the thresholds itemized below regarding any external entities (e.g. businesses, corporations, foundations) that either a. funds your university research and/or scholarly or creative activities; b. engages in commercial or research activities that directly relate to your university activities? (See the current COI policy definition of "family" for specifics.) Receive income of ≥\$5,000 from a publicly owned or privately owned business entity (includes but is not limited to royalties, consulting fees, salary, dividends, etc.). Have an equity interest or ownership valued at ≥\$5,000 in a publicly owned/traded business entity. Have an equity interest or ownership valued at ANY AMOUNT in a privately owned/traded business entity. Hold a seat on the board of directors or advisory board. Hold an executive position in the entity (e.g. director. Officer, decision-maker, etc.) Serve as a consultant, advisor, spokesperson, representative for the external entity (compensated or not). 								s 🗆	
B	ou answer YES to Question 2, please provide the following details for each entity with which you/ family member are engaged. Business Name Business Amt/Value Relationship Relationship to Univ Activity Involves Others: Names & Roles			Human	IRB				
Business Name	Country Amovalue	Relationship Rela	donship to Univ Activity	Others	Others: Nam	es & Roles S	Subjects	AppvI	
2a.lf you answered Yes to Question 2, are you the recipient of funding from any research project and/or scholarly or creative activity funded by external sources (federal/state/local government, industry, foundation, etc.) or Technology Transfer Office (TTO)?								s 🗆	
Project Name Funding Source, Country if not USA, Disbursement Type e.g, through university, directly to you, etc. Role							SBIR	SBIR/STTR	
3. Do you assign, or expect to assign during this report year, books or materials for any classes that you teach that bring you royalties or income? Note: If you do not have approval, your DEPA status will not be in compliance until you do. The COIC office does not need a copy of the signed approval form however the approval information must be acknowledged in this DEPA reporting system and certified per the usual final step of submitting your DEPA report for review. To access the Self-Authored Teaching Materials Approval Form, please see the link to the Conflict of Interest & Commitment website in the left-hand menu.									
Course Name Approved Number of Students Materials Description									
 Remunerated scholarship that is an expected activity in your discipline (such as seminars, lectures or temporary teaching engagements, professional presentations, work on review panels, membership in advisory committees, or activities in professional societies relevant to your field) do not count as external professional services for this question. However, ALL non-US temporary or permanent affiliations must be reported. Reminder: Outside consulting activities require department approval per the 1/6 rule. University policy limits outside professional activities to 19.5 days per semester. SEE COIC Website for additional details. Organization Name and Country Organization Type Compensation Type Professional Services Days/MO On Campus Campus 								S D O O O O O O O O O O O O O O O O O O	
Organization name and	Choose from:			Professiona Explain details he			Cam		