

# PHS Supplemental Disclosure Statement

(Disclosure of Significant Financial Interests Pursuant to Federal Public Health Service Regulations)

*PLEASE NOTE: This PHS Supplemental Disclosure Statement is to be utilized in conjunction with the PHS Financial Conflict of Interest (FCOI) Declaration. The Disclosure for the Annual Declaration applicable to all faculty and staff is a separate disclosure and is available on HRIS.*

Please use additional pages as necessary. The above-referenced PHS Financial Conflict of Interest (FCOI) Declaration is available [here](#). Definitions of terms and explanations are provided on the PHS FCOI Declaration and should be referenced in completing this form.

Please contact the University Research Compliance Office at [PHSFCOI@ksu.edu](mailto:PHSFCOI@ksu.edu) with any questions about PHS Conflict of Interest or filling out this disclosure statement.

## A. EMPLOYEE IDENTIFICATION

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

College/Unit: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

**Please check one:**      Annual Supplemental Disclosure  
                                 Additional Supplemental Disclosure (for information not reported on annual Supplemental Disclosure)

## B. IDENTIFICATION OF SIGNIFICANT FINANCIAL INTEREST.

1. Please fill out the table below, with as much information as possible, if you answered “yes” to both parts of Question 1, Question 2 and/or Question 3, pertaining to publicly traded and non-publicly traded companies on the PHS Financial Conflict of Interest (FCOI) Declaration. Attach additional sheets if necessary.

	Significant Financial Interest #1	Significant Financial Interest #2
Business Name And Address		
Type of Business		
Description of Interest Held and/or Remuneration Received		
Held by or Received by Whom		
Percent of Ownership Interest; Value of Remuneration		

OR \_\_\_\_\_ Initial here if you responded “no” to either part of Questions 1, 2, and 3 on the PHS FCOI Declaration.

2. Please fill out the table below to identify the income received related to an intellectual property interest if you answered “yes” to both questions under Question 4 on the PHS Financial Conflict of Interest (FCOI) Declaration. Attach additional pages if necessary.

	Significant Financial Interest #1	Significant Financial Interest #2
Business Name And Address		
Type of Business		
Description of Intellectual Property Interest		
Held by or Received by Whom		
Value of Interest and Income or Royalties Received		

OR \_\_\_\_\_ Initial here if you responded “no” to either part of Question 4 on the PHS FCOI Declaration.

3. Please fill out the Sponsored and Reimbursed Travel Form if you answered “yes” to the second part of Question 5 on the PHS Financial Conflict of Interest (FCOI) Declaration. You must fill out this form each time you have sponsored or reimbursed travel. See the PHS FCOI Declaration for definitions of sponsored and reimbursed travel AND for exemptions from reporting sponsored and reimbursed travel.

OR \_\_\_\_\_ Initial here if you responded “no” to either part of Question 5 on the PHS FCOI Declaration.

**C. IDENTIFICATION OF PERCEIVED, POTENTIAL OR ACTUAL CONFLICT OF INTEREST.**

- (1) Identify the relevant Public Health Service grant, cooperative agreement, or contract research that may be affected in the conduct, design or reporting of such research, by the financial or ownership interest that you, your spouse, and/or dependent children hold or receive that you identified in the preceding subsection.
- (2) Describe any potential, perceived, or actual conflict of interest that you or a third-party may perceive to exist and the relevant circumstances and factors.
- (3) Explain how these interests relate, or appear to relate, to your Institutional Responsibilities (see [PPM 4090](#) for definition).
- (4) If you do not believe any potential, perceived, or actual conflict of interest exists based on the information disclosed above, please explain.
- (5) Please review PPM 4090.020 and .050 for definitions and guidelines for determining whether a significant financial interest should be considered a Financial Conflict of Interest, prior to completing.

**IMPORTANT NOTE:** If your Significant Financial Interest (SFI) creates a perceived or actual Financial Conflict of Interest (FCOI), you need to fill out a Financial Conflict of Interest Management Plan. The FCOI Management Plan is available [here](#).

**D. DECLARATION:** I, \_\_\_\_\_, declare that this statement of significant financial interest (including accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all my significant financial interests and other matters required by law. I have read and agree to abide by federal regulations and Regents' conflict of interest policies and K-State policies and procedures. Also, I understand that failure to file this statement as required or intentionally filing a false statement may result in disciplinary action. Any changes to this statement will be reported as soon as possible when the information becomes known to me.

_____	_____	_____
Signature	Date	Employee ID #

Please route through the following administrators for review and acceptance:

ACCEPTED:	_____	_____
	Immediate Supervisor	Date

ACCEPTED:	_____	_____
	Department/Unit Head	Date

ACCEPTED:	_____	_____
	Dean/Appropriate Vice President	Date

ACCEPTED:	_____	_____
	Provost	Date