

**Certification of Compliance with Bradley University
Conflict of Commitment and Conflict of Interest Policies**

Name _____ Title/Rank _____

College _____ Department/Unit _____ Academic Year _____

Exempted from this policy are honoraria, stipends, and/or royalties for: published or presented scholarly works and other writing, creative works, lectures, and/or presentations; serving as a reviewer or on a review panel for academic, governmental, or not-for-profit organizations; preparing books, articles, software and creative works relevant to University duties; or earnings/income from investments in which ownership is managed by a third party such as a mutual fund.

1. Yes___ No___ Have you engaged, or are you likely to engage, in any income producing activities beyond the 40-day limit as specified in the Bradley University Conflict of Commitment and Conflict of Interest Policies?
- 2a. Yes___ No___ Do you have any relationships, commitments, or activities (compensated or not) that present or reasonably appear to present a conflict of interest or commitment with your employment at Bradley University as specified in the Bradley University Conflict of Commitment and Conflict of Interest Policies?
- 2b. Yes___ No___ Are you aware of your spouse, domestic partner, children or siblings having any relationships, commitments, or activities (compensated or not) that present or reasonably appear to present a conflict of interest or commitment with your employment at Bradley University as specified in the Bradley University Conflict of Commitment and Conflict of Interest Policies?

*If you answered **no** to all of these questions, please **sign and date below**. If you answered **yes** to any of the questions above, **please continue**.*

- 3.a Yes___ No___ Do you have more than 5% or \$50,000 financial interests, excluding mutual funds, in a company or organization that presents or reasonably appears to present a conflict of interest with your employment at Bradley University?
- 3b. Yes___ No___ Are you aware of your spouse, domestic partner, children or siblings having more than 5% or \$50,000 financial interests, excluding mutual funds, in a company or organization that presents or reasonably appears to present a conflict of interest with your employment at Bradley University?
4. Yes___ No___ Do you have Non-University income producing activities related to your position as an employee at Bradley University that involve University resources, students, staff, or other faculty?

If you answered **yes** to any of the questions above (1-4), complete the back of this form and the Ad Hoc Conflict of Commitment/Conflict of Interest Disclosure form.

In submitting this certification, I affirm that I have read the University's Policy on Conflict of Commitment and Interest and to the best of my knowledge all information on this form is complete and true. If changes occur in activities during the academic year, I will update this certification.

Faculty Member's signature _____ Date _____

I have received this certification. The Dean's and the Provost's signatures are required only in Certifications that require Administrative Review.

Department Chair's signature _____ Date _____

Dean's signature _____ Date _____

Provost's signature _____ Date _____

a copy with Department Chair's signatures is to be returned to the faculty member upon request

**Bradley University
External Activity Report**

Name of Organization or Business	Your Role in the Organization or Business	Your Financial Interests or Ownership in the Organization or Business	Approximate Amount of Time You Spent in this Role the Past Academic Year	Approximate Amount of Time You Estimate You Will Spend in this Role for the Next Academic Year

Ad Hoc Conflict of Commitment/Conflict of Interest Disclosure

FACULTY MEMBER'S REPORT

Description of potential Conflict of Commitment or Conflict of Interest (attach additional materials if necessary, reference those materials in this space):

Submitted to Department chair by _____, Date: _____

DEPARTMENT CHAIR'S REPORT

Date received by Department Chair _____

Upon review of the materials provided and referenced above:

Does a significant Conflict of Interest exists that would require a change in the faculty member's plans or behavior?
 No Yes

Does a significant Conflict of Commitment exists that would require a change in the faculty member's plans or behavior? No Yes

If the answer to both questions above is "no", the faculty member may proceed with the activity.

If either question was answered "yes," please explain (attach additional materials if necessary, reference those materials in this space):

Was a satisfactory agreement for resolving the conflict(s) reached by you and the faculty member?

Yes No If yes, describe the resolution. If no, explain. Attach additional materials if necessary; reference those materials in this space. If "yes", the faculty member may proceed with the activity.

Signature of Department Chair _____, Date: _____

RESPONSE BY FACULTY MEMBER

Date Department Chair's Report was received by faculty member _____

I concur with the Department Chair's analysis and/or proposed resolution. Yes No

If no, explain (attach additional materials if necessary, reference those materials in this space):

Signature of Faculty Member _____, Date: _____

DEAN'S REPORT

Date received by Dean _____

Upon review of the materials provided and referenced above:

Does a significant Conflict of Interest exists that would require a change in the faculty member's plans or behavior?
 No Yes

Does a significant Conflict of Commitment exists that would require a change in the faculty member's plans or behavior? No Yes

If either question was answered "yes," please explain (attach additional materials if necessary, reference those materials in this space):

Was a satisfactory resolution reached by either the Department Chair and the faculty member or by you and the faculty member? Yes No

If yes, describe the resolution. If no, explain. Attach additional materials if necessary, reference those materials in this space:

Signature of Dean _____, Date: _____

RESPONSE BY FACULTY MEMBER

Date Dean's Report was received by faculty member _____

I concur with the Dean's analysis and/or proposed resolution. Yes No

If no, explain (attach additional materials if necessary, reference those materials in this space):

If no, do you wish to appeal the Dean's decision to the Conflicts Committee? Yes No (checking no has the effect of letting the Dean's findings stand without challenge).

If yes is checked, route to Conflicts Committee

If no is checked, route to Provost

Signature of Faculty Member _____, Date: _____

REPORT OF CONFLICTS COMMITTEE

Date received by Conflicts Committee Chair (or representative) _____

Upon review of the materials provided and referenced above, attach a summary and set of recommendations for the Provost.

Date forwarded to the Provost with recommendations _____

Signature of Committee Representative _____

PROVOST'S REVIEW

I concur with the report of the

Department Chair Yes No

Dean Yes No

Conflicts Committee (if included) Yes No

Is any further action necessary? No Yes

If yes, explain:

Signature of Provost _____, Date: _____
