Drexel University College of Medicine
In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

BACK

ANNUAL CERTIFICATION OF COMPLIANCE WITH CONFLICT OF INTEREST AND APPLICABLE LEGAL AND ETHICAL GUIDELINES

PART 1 OF 3

Please Print:

NAME:_____

POSITION:_____

SCHOOL:_____DEPARTMENT: _____

PHONE:_____E-MAIL ADDRESS:_____

Defined Terms:

For the sake of clarity, certain key terms have been defined. These defined terms are capitalized and appear in bold throughout this document. In reading and completing this form you are encouraged to refer to the "Key Terms" sheet, which is attached to this document as Part 2 of 3 and be familiar with the applicable terms and their definition. Shall you have any questions, please call the Chief Compliance Officer (CCO) at (215) 762-2023.

Background:

The **University** occupies a position of trust and responsibility in the community. At the same time, the **University** is subject to many laws, regulations, and contractual obligations that are often complex. In order to facilitate its compliance with all applicable rules affecting its activities, and to guide **University** personnel in avoiding those situations that can result in, or give the appearance of, a conflict of interest or

commitment, or a violation of applicable legal or ethical guidelines, the **University** has adopted a Conflict of Interest and Commitment Policy, which is intended to satisfy compliance requirements. A brief summary of the legal bases for the **University's** Conflict of Interest and Commitment Policy is attached to this document as Part 3 of 3.

Notice:

It is the obligation of each **Applicable Member** to be aware of situations which could constitute, or create the appearance of, a conflict of interest or a violation of applicable legal or ethical guidelines. In such a situation, it is the obligation of such person to come forward and disclose to the **University**'s Compliance Office all relevant facts and circumstances concerning such situation so that the **University** may determine whether a conflict of interest or a violation of applicable legal or ethical guidelines exists, and decide how that situation shall be handled.

This form must be completed and submitted at least annually. It is the obligation of each **Applicable Person** to supplement this form and bring up-to-date any information submitted on this form if, at any time in the future, such information is no longer accurate, applicable, or complete.

Each **Applicable Person** may also be required to complete a Certification of Compliance with the **University's** Policy on Conflicts of Interest - Research.

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QUESTIONNAIRE

		NO	YES
1)	Do you or any **Immediate Family Member** have any **Ownership**, beneficial, or **Financial Interest** in any **Covered Entity**? *If yes, please list and explain in detail on the attached supplemental statement or on a separate piece of paper.*	_____	_____
2)	Do you or any **Immediate Family Member** hold any position as an officer, director, partner, manager, employee, consultant, independent contractor, or agent of, or have any other similar type of relationship with any **Covered Entity**? *If yes, please list and explain in detail on the attached supplemental statement or on a separate piece of paper*.	_____	_____
3)	Do you or any **Immediate Family Member** anticipate accepting within the next year, or within the past year have you or any **Immediate Family Member** accepted any compensation, gifts, gratuities, entertainment, or any other item or service with a cumulative value (including all such items or services from any **Covered Entity** in excess of $ 300) *If yes, please list and explain in detail on the attached supplemental statement or on a separate piece of paper*.	_____	_____
4)	Do you or any **Immediate Family Member** have an employment, consulting, or other **Financial Interest**, with a sponsor of your teaching or research activities at the **University**? *If yes, please list and explain in detail on the attached supplemental statement or on a separate piece of paper*.	_____	_____

		NO	YES
5)	Were you an inventor, author, or creator of intellectual property which has been or will be licensed through the **University** to any person or entity with which you or any **Immediate Family Member** have an employment, consulting, **Financial Interest**, or other beneficial interest? *If yes, please list and explain in detail on the attached supplemental statement or on a separate piece of paper*.	_____	_____

CERTIFICATION

In submitting this form, I certify that the above information is true and complete to the best of my knowledge, that I have read the **University's** "Conflict of Interest and Commitment Policy," and that I am in compliance with the **University's** policies concerning conflicts of commitment and interest and compliance with applicable legal and ethical guidelines. I further certify that if any of the answers or supplemental information provided by me on this form or any attachments shall no longer be true and complete, I will promptly so notify the **University's** Chief Compliance Office and will complete an updated certification at such time.

Signature:_____Date:_____

RETURN THIS FORM TO YOUR SUPERVISOR IN A CONFIDENTIAL ENVELOPE.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:
The Chief Compliance Officer - (215) 762-2023.