



## COI Disclosure Questions

1. Do you have personal financial interests in Central Washington University's purchase or procurement of goods, services, contracts, investments, property or loans?  
 Yes or  No
  - a. Please describe:
  
2. Do you have any relatives or consensual relationships with a person employed or enrolled at Central Washington University who reports directly or indirectly to you or any relatives or consensual relationships that could be perceived as a conflict?  
 Yes or  No
  - a. Please provide the full name of the relative and the relationship to you:
  
3. Do you or any member of your immediate family have an affiliation as an owner, partner, employee or agent outside of CWU that does business with or provides products or services to Central Washington University?  
 Yes or  No
  - a. Please state the entity name and the affiliation
  
4. Have you received anything of monetary value (greater than \$50.00), including but not limited to gifts, loans, salary or other payments for services (e.g., consulting fees, paid travel, honoraria, or speaker's fees) from any outside entity that interacts or hopes to interact with Central Washington University?  
 Yes or  No
  - a. Please describe what you received, the approximate value, and the entity from which it was received:
  
5. Do you or your immediate family hold equity or other financial interests in an entity with a direct ownership (e.g., stocks, stock options or other ownership interests) that sponsors projects or provides goods or services to Central Washington University?  
 Yes or  No
  - a. Please disclose the type(s) of financial interest and the entity(ies) in which they are held:
  
6. Do you hold a management position outside of CWU (e.g., director, officer, advisory board member, trustee, partner or management employee) in an entity that sponsors projects or provides services to Central Washington University?  
 Yes or  No
  - a. Please disclose the position(s) you hold and the associated entity(ies):
  
7. Have you used any information that you received in the conducting of Central Washington University business in a manner that could lead, or appear to lead, to personal financial gain?  
 Yes or  No
  - a. Please describe the information you received and its use:

8. Do you have any source of income (from employment or other work arrangements) other than income you receive from the position you hold at Central Washington University that could conflict with your official duties?  
 Yes or  No  
 a. Please disclose the income source
9. If you are a Principal Investigator (PI), co-Principal Investigator (co-PI) or researcher who is responsible for the design, conduct, or reporting of U.S. Public Health Service (PHS)/National Institutes of Health (NIH), U.S. Department of Energy (DoE), National Aeronautics and Space Administration (NASA) and/or National Science Foundation (NSF) funded research, or proposed for such funding, have you received compensation (e.g. consulting fees, paid travel, honoraria or speaker fees) from any domestic or foreign entity (including foreign institutions of higher education and foreign governments), value of equity in a publicly-traded or privately-held company and intellectual property compensation (e.g. patents, copyrights, trademarks), by you or your immediate family (spouse/domestic partner and dependent children), in the twelve months preceding this disclosure, that when aggregated **exceeds \$5,000**?  
 Yes or  No  N/A  
 a. Please explain:
10. Do you have any additional potential conflicts to disclose that are not addressed in the questions you have answered above that you are aware of at this time?  
 Yes or  No  
 a. Please explain:

If you have further questions or need assistance, please reach out to Charlene Andrews, Faculty Relations Coordinator, at (509) 963-1271 or [charlene.andrews@cwu.edu](mailto:charlene.andrews@cwu.edu). Once you have completed this form, please forward to your college dean.

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 Department

\_\_\_\_\_  
 College

\_\_\_\_\_  
 Faculty Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Faculty Printed Name

**Reviewed by:**

\_\_\_\_\_  
 Dean Approval

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Provost Approval

\_\_\_\_\_  
 Date