



**RESEARCH INSTITUTE
CONFLICT OF INTEREST DISCLOSURE FORM**
Required by 42 CFR Part 50

Name:	Dept:
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AdventHealth Division/Market:

Choose one of the below:
 AdventHealth Employee AHMG Employee AH Affiliate Non-AH Employee _____

Please read carefully:
 As it relates to your Institutional Responsibilities, do You (or your Spouse/Dependent Children) have any Significant Financial Interest (SFI) with an outside entity, which includes any payment and/or equity interest from a single entity **in the past 12 months**:

- Entity - Any single company, organization, and/or institution, other than AdventHealth.

Any Form of Payments/Equity Interest totaling at least \$5,000 or higher received or held from any entity:

Yes	No	Salary, consulting fees, speaking fees, payment for serving on a board/committee, honoraria, authorship, etc.
Yes	No	Any payments from a non-publicly traded entity.
Yes	No	Equity interest in a publicly traded entity, including stock, stock options, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value. <i>*SFI does not include income from investment vehicles, such as mutual funds/retirement accounts, so long as the Individual does not directly control the investment decisions made in these vehicles.</i>

ANY Form of Payments/Equity Interest of any amount received or held from any entity:

Yes	No	Equity interest in any NON-publicly traded entity, including but not limited to stock, stock option, or other ownership interest.
Yes	No	Directly or indirectly from any Foreign entity, Official, or Government.
Yes	No	Royalties, from Intellectual Property rights and interests (e.g. patents, trademark, copyrights, licensing agreements)

Report any Reimbursed or Sponsored travel in the preceding 12 months that is Related to Institutional Responsibilities:
 (DO NOT include travel paid for or reimbursed by AdventHealth or US government agency)
 ***If you have additional travel to report, attach document stating travel details.

Yes	No	Do you have any travel to report?
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Dates/Duration	Destination	Purpose	Sponsor/Organization

Yes	I am aware that the AdventHealth COI policy is posted on the SharePoint Research Services Website & external AdventHealth Research Services Website .
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Yes	I certify that I will submit an updated COI Disclosure form within 30 days of discovering or acquiring any new Significant Financial Interest (SFI) during the next 12 months.
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If you answered YES to any questions above, a SFI Form is required.

In accordance with 42 CFR Part 50, I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct and complete.

Please submit forms to: ORL.ORI@Adventhealth.com.

Date:	Signature:
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This Conflict of Interest (COI) Disclosure has been reviewed and determinations made:

No financial interests submitted. COI form acknowledged and filed with ORI Office. SFI submitted, not applicable. SFI submitted, see related SFI Disclosure form. Travel appears to be reasonable & customary. Travel appears to be an SFI; see SFI Attachment.	Received: COI Institutional Official/Designee Signature:
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