



RESEARCH INSTITUTE
SIGNIFICANT FINANCIAL INTEREST DISCLOSURE FORM
Required by 42 CFR Part 50

Name: _____ **Dept:** _____

AdventHealth Division/Market: _____

- Please read carefully:**
1. In the table below, enter the entity name in which you hold the significant financial interest. *Please list only one entity per form.*
 2. Select if yourself, your spouse, or dependent child hold the interest.
 3. Enter the estimated **dollar** and/or **quantity** amount in the far-right column for each financial interest you hold with that entity in the past 12 months.

Entity Name: _____

Who holds this SFI? Self Spouse Dependent Child

Enter any Form of Payments/Equity Interest totaling at least \$5,000 or higher received or held from any entity:	Total Quantity	Total value
Consulting Fees	N/A	
Honoraria/Speaking Fees		
Foreign entity, Official or Government – <i>(Please explain in the space provided below)</i>		
Paid Authorship		
Salary – <i>(NOT AdventHealth salary)</i>		
Serving on a Board or Committee – <i>(Please explain in the space provided below)</i>		
Stock (PUBLICLY Traded)		
Stock Options		
Other – <i>(Please explain in the space provided below)</i>		

Enter the quantity/value of any amount received or held from any entity:	Total Quantity	Total Value
Patents <i>(Please utilize the space below for more than one patent)</i>		
Trademarks/Copyrights/Licensing Agreements <i>(Please specify in the space provided below)</i>		
Royalties		
Stock (NON-publicly traded) <i>If applicable, enter value of stock/stock options at the time of completing this form.</i>		
Stock Options		
Other – <i>(Please explain in the space provided below)</i>		
Total Amount		

Individuals Comments/Notes to ORI Office:

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.

Date: _____ **Signature:** _____

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1. No FCOI exists based on reported above, COI Official/Designee acknowledges and will maintain this form.
2. A FCOI does exist based on reported above, COI Official/Designee will implement an FCOI Management plan per CW AHC Policy 104.

COI Official/Designee Comments/Notes:

COI Official or Designee Signature: _____ **Received:** _____