

Investigator Disclosure Statement

Instructions: Please complete the form below in accordance with the SUNY Polytechnic Institute Investigator Financial Conflict of Interest Policy and return to the Institutional Official, Kimberly Pietkiewicz at kpietkiewicz@sunypoly.edu.
If any answer is checked “Yes” you must complete the Conflict of Interest Disclosure Supplement.

Investigator Name:	Phone #:		
Department/College:	Email:		
Questions	Yes	No	
1. Do you, your spouse or dependent child(ren) hold a position of management, such as board member, director, officer, partner, trustee, employee or consultant with a profit or not-for-profit entity?			
2. Do you, your spouse or dependent child(ren) have a financial interest in any entity where the value of any remuneration received from the entity in the twelve (12) months preceding this disclosure and/or the value of any equity in the entity as of the date of disclosure, when aggregated exceeds \$5,000?			
3. Do you, your spouse or dependent child(ren) hold any equity interest (e.g., stock, stock option, or other ownership interest) in any <i>non-publicly traded</i> entity?			
4. Have you, your spouse or dependent child(ren) received income from royalty or other forms of payment, in the twelve (12) months preceding the disclosure, when aggregated, exceeds \$5,000? <i>Do not include intellectual property rights assigned to SUNY or the Research Foundation, or agreements to share in royalties related to such rights.</i>			
5. Have you had travel reimbursed or sponsored for business reasons that cumulatively exceeds \$5,000? (other than from SUNY or The Research Foundation for SUNY)			
6. Do you have any Foreign Affiliations that are related to your research?			
Investigator Certification: <ul style="list-style-type: none"> • I have read and understood the Investigator Financial Conflict of Interest Policy • I agree to file a new or updated disclosure form if the answer to any of the above questions changes • I certify that the answers are accurate and truthful to the best of my knowledge 			
Signature: _____ Date: _____			

Questions concerning the policy or the annual disclosure should be addressed to Kimberly Pietkiewicz, Institutional Official.