

# Work Life Help Disclosure of Financial Interests

Completion of this form is mandatory for all Investigators on proposals to the Public Health Service (PHS) agencies, including National Institutes of Health (NIH). This information is required to comply with Work Life Help (WLH) "Financial Conflict of Interest Policy" and applicable federal regulations regarding disclosure of any financial interests that reasonably appear to be related to the Investigator's Institutional Responsibilities. See <https://grants.nih.gov/grants/policy/coi/index.htm>.

Name, Last \_\_\_\_\_ First \_\_\_\_\_

Principal Investigator (If different than above): Name, Last \_\_\_\_\_ First \_\_\_\_\_

Department \_\_\_\_\_ Project Beginning and End Date \_\_\_\_\_

Proposal/Project Title: \_\_\_\_\_

## FCOI Required Training

Conflict of Interest training/education is required for all Key Personnel on PHS grant and cooperative agreements. All investigators are required to complete FCOI training. The training must be completed prior to engaging in research related to any PHS funded research, and at least every four years thereafter. Work Life Help Investigators should use [CITI FCOI Training](#) to comply with this regulation. WLH will not release your award without the certificate of completion.

Check "Yes" if you have completed the FCOI required training in the past 4 years No Yes

## Disclosures and Certification

A. **Investigator** certifies that this form provides (1) a complete disclosure of all Investigators responsible for the design, conduct, or reporting of activities associated with this project, and (2) an accurate report of whether or not there are any Significant Financial Interests related to the Investigators' Institutional Responsibilities. Principal Investigator agrees to update this form periodically as needed during the project award period.

Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests related to the Investigator's Institutional Responsibilities? (Reference definitions on the reverse side of this form.)

No Yes, Investigator's Detailed Disclosure Form (form may be submitted in a closed envelope) (Please type or print information)

\_\_\_\_\_  
Signature of Principal Investigator Date

\_\_\_\_\_  
Name and Title of Principal Investigator (Please type or print information)

B. **WLH Investigators:** By signing below, each Investigator (1) certifies that this form provides an accurate report of whether or not there are any Significant Financial Interests related to the Investigators' Institutional Responsibilities, and (2) acknowledges responsibility to provide a complete disclosure of all Significant Financial Interests reasonably related to the Investigators' Institutional Responsibilities prior to award receipt, as those interests change, and on an annual basis during the project award period.

Do you, your spouse/domestic partner or dependent children have any Significant Financial Interests related to the Investigator's Institutional Responsibilities?

1. No Yes, Investigator's Detailed Disclosure Form (form may be submitted in a closed envelope) (Please type or print information)

\_\_\_\_\_  
Signature of Co-Investigator Date

\_\_\_\_\_  
Name and Title of Investigator (Please type or print information)

2. No Yes, Investigator's Detailed Disclosure Form (form may be submitted in a closed envelope) (Please type or print information)

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Co-Investigator (Please type or print information)

(The lead principal investigator on a proposed PHS application for funding is responsible for obtaining a PHS disclosure form for all participating Investigators. Attach additional Investigator Detailed Disclosure Forms as required to identify and include financial disclosure information for all project Investigators.)

C. **Non-WLH Investigators:** *Will Non-WLH Investigators be responsible, with the PI or Co-PI, for the design, conduct or reporting of the activities associated with the project (e.g., subcontractors, consultants, collaborators, others with significant responsibilities)?*

- No Yes, If Yes, WLH must be assured that the home institution of those Investigators has policies that comply with the funding agency's regulations. Such assurance should be provided along with the participant's letter of commitment to the project.