



Please answer all questions below.

SENIOR KEY PERSONNEL - CERTIFICATIONS

Huron ID No.: _____

Proposal / Protocol Title: _____

Sponsor Name: _____

Research Security Training

___ Yes ___ No I have completed the [Workday Research Security](#) training module within 12 months prior to proposal submission. ***If Yes, provide a copy of the RST certificate of completion.**

Malign Foreign Talent Recruitment Program

___ Yes ___ No Do you participate in a Malign Foreign Talent Recruitment Program?

Conflict of Interest (COI):

___ Yes ___ No 1. Currently, within the last 12 months, or starting soon: Do you or an Immediate Family Member have any of the following relationships, commitments, or activities, whether paid or unpaid, with a sponsor of this research project or an entity providing funding and/or the drugs/devices/agents that are being utilized or studied?
• Consulting, speaking, advisory board or employment
• Ownership or equity interest
• Executive or board position
• Unrestricted support (e.g. gifted money or equipment, or unrestricted grant /contract)
• Travel support
• Any other related relationship, commitment, financial interest, etc.

___ Yes ___ No 2. Do you or an Immediate Family Member have a financial or ownership interest in intellectual property directly related to this project?

___ Yes ___ No 3. To the best of your knowledge, does the Institution, Advocate Health and/or Wake Forest University Health Sciences (WFUHS), have equity in the sponsor or an interest in the intellectual property being evaluated or used in this research?

___ Yes ___ No 4. **For applications receiving federal funding:** Do you have any appointments, positions (including volunteer, adjunct, honorary, etc.), or affiliations—paid or unpaid—at a foreign entity relevant to this research?

___ Yes ___ No 5. **For applications receiving federal funding:** Do you receive any income, salary, consulting fees, or honoraria from a foreign entity in support of your other research endeavors?

___ Yes ___ No 6. **For applications receiving federal funding:** Has a foreign government or institution of higher education paid more than \$5,000 for your travel in the past year?

Attestation

- To the best of my knowledge, the above information is correct. If my relationship changes with this sponsor or this project, I will contact the Compliance and Integrity Department for guidance at ah-coi@aah.org.
- I am aware of the project and am willing to commit the designated percentage of effort as indicated in the PI's application, unless otherwise approved.

Name: _____

Department: _____

Email Address: _____

Date: _____

Key Personnel Signature

Acceptable forms of signature: Wet ink or digital via Adobe Acrobat, DocuSign or eBinder