



External Investigator Financial Conflict of Interest Policy Certification Form (NON-CORPORATE)

The attached form should be completed by those designated as an “investigator,” regardless of their title or role (e.g. consultant, sub-recipient or collaborator) in a proposal to be submitted by the Medical University of South Carolina (MUSC) to any **NON-CORPORATE** funding entity. Public Health Service (PHS) Financial Conflict of Interest regulations and those adopted by many foundations now require MUSC to collect certain information from ALL External Investigators at the time of proposal and throughout the life of the award.

Any proposed sub-recipient organizations listed in the FDP Clearinghouse DO NOT have to complete this Form. This list is located at http://sites.nationalacademies.org/PGA/fdp/PGA_070596.

Instructions:

Section I – The MUSC PI or department should complete Section 1 prior to forwarding this form to the External Investigator(s).

Section II – The External Investigator must complete Section 2 with the required information.

Section III – The External Investigator must select the appropriate option.

- If the External Investigator selects Option # 2 indicating MUSC’s financial conflict of interest policy will be followed (when external investigator does not have a PHS compliant FCOI policy), then EACH and EVERY individual investigator must also complete, sign and return an MUSC FCOI Disclosure form to MUSC’s Office of Research and Sponsored Programs (ORSP).
 - ALL external investigator FCOI Disclosure Forms must be received by the MUSC ORSP **BEFORE** any proposal that includes an external investigator may be submitted.
 - MUSC’s FCOI Policy may be found at:
<http://academicdepartments.musc.edu/coi/coipolicies/coipolicies.htm>
 - Information related to MUSC’s FCOI training and disclosures may be found at:
http://academicdepartments.musc.edu/research/orsp/orsp_coi.html

Section IV – External Investigator’s Authorized Organizational Official certification is required.

NOTE: This form must be completed, signed by an authorized official and received by the MUSC Office of Research & Sponsored Programs (ORSP) BEFORE any proposal that includes the external investigator may be approved and submitted.



External Investigator Financial Conflict of Interest Policy Certification Form

This form is required when an external investigator (i.e. subrecipients, consultants, etc.) is included in a MUSC proposal to any **NON-CORPORATE** funding entity.

Section I: MUSC Proposal Information

MUSC Principal Investigator: _____

Primary Sponsor: _____

Proposal/Project Title: _____

Subaward Information	Performance Period (all years)	Proposed Subaward Total
	Start Date: _____	(all years, Direct and F&A costs)
	End Date: _____	_____

Section II: External Investigator Information

External Investigator's Organization _____ DUNS #: _____

Legal Name: _____

Primary Address: _____

Section III: Financial Conflict of Interest Policy (FCOI) Statement (select one option)

Option #1 External Investigator(s) will follow the PHS-Compliant Conflict of Interest policy established and enforced by External Investigator's Organization/Institution listed above. (Please Proceed to Section IV)

Option #2 External Investigator(s) will follow the Conflict of Interest policy established and enforced by the Medical University of South Carolina located at the following link: <http://academicdepartments.musc.edu/coi/coipolicies/coipolicies.htm>. Additionally MUSC's conflict of interest disclosure materials located at http://academicdepartments.musc.edu/research/orsp/orsp_coi.html have been completed by ALL those working on this project from the External Investigator's Organization.

NOTE: If Option #2 is selected MUSC **cannot submit** the proposal until **ALL** the External Investigator(s) have completed and submitted the required disclosures to MUSC's Office of Research and Sponsored Programs (ORSP).

Section IV: Certification by Authorized Organizational Official

I certify the information listed above is true, complete and accurate to the best of my knowledge, and that I am an Authorized Organizational Official for my institution/organization. My organization is aware of the 2011 revised PHS FCOI regulations, and we are prepared to enter into an inter-institutional agreement (if applicable) that requires adherence with the provisions of 42 CFR Part 50, Subpart F "Responsibility of Applicants Promoting Objectivity in Research."

Signature: _____ Date: _____

Printed Name: _____ Title: _____