



Montana State University Billings  
Conflict of Interest  
Disclosure Statement

**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

This form is to be used for the following purposes:

1. For disclosures to be submitted annually.
2. For disclosures of potential Conflicts of Interest whenever they occur.

Submit your completed form to the Human Resources office.

For questions concerning the information required by this form, or any definitions, refer to MSU Billings Conflict of Interest Policy.

**Certification**

By signing below, I hereby certify:

1. I have read and understand the MSU Billings Policy, Conflict of Interest; and
2. I have: [check the box which applies]
  - a. \_\_\_ No relationships, contractual commitments, or financial interests that are or might reasonably be perceived to be in conflict with my duties and responsibilities at MSU Billings;
  - b. \_\_\_ A potential conflict of interest which has been duly disclosed previously and there has been no change which requires an updated disclosure; or
  - c. \_\_\_ Potential conflicts of interest **not** previously disclosed as described below in the Disclosure Statement.

**Disclosures**

Complete this section only if you have checked 2c above. If you checked 2a or 2b, you should sign the bottom of the form, date it, and submit it to the Human Resources office.

1. \_\_\_ I, my spouse and/or dependent child(ren) have the following interests or relationships (check all applicable):
  - a. \_\_\_ A Significant Financial Interest in a non Montana State University Billings entity/enterprise directly related to my duties as follows:  
\_\_\_ Salary or other payment for services (e.g., employment, consulting fees/ honoraria)



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\_\_\_ Ownership interest (e.g., stock, stock options, partnership interest, or other)

\_\_\_ Intellectual property rights (e.g., patents, copyrights or royalties)

b. \_\_\_ Hold a position of \_\_ executive, \_\_\_ officer, or \_\_ director in an entity engaged in commercial activities directly related to my MSU Billings responsibilities.

c. \_\_\_ Other potential Conflict of Interest.

2. \_\_\_ In my position at MSU Billings, I have responsibility for decisions which may result in direct benefits or detriments to:

a. \_\_\_ A relative as defined (parent, grandparent, great-grandparent, child, grandchild, great-grandchild, brother, sister, aunt, uncle, niece, nephew, or cousin, by blood relationship; spouse; or brother, sister, parent, or child of spouse; or spouse of one's brother, sister, parent or child).

b. \_\_\_ A person in whom or with whom I (or my Spouse or Dependent Children) have a financial interest.

c. \_\_\_ A person with whom I have a romantic relationship.

3. \_\_\_ I participate as an employee, officer, board member, or owner in an entity which has (or wishes to have) rights to intellectual property for which I was an inventor or creator in my work for MSU Billings.

With regard to the above-disclosed interests, attach a written explanation including the name of the entity or person, the nature and extent of the interest or relationship, and any other information necessary to an understanding of the potential Conflict of Interest.

The information contained in this form is complete and accurate to the best of my knowledge, and I acknowledge my continuing obligation to update my disclosure when there is a significant change in my personal or financial interests creating potential Conflicts of Interest.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_