Management Plan for the
Potential Conflicts of Interest Associated with the
Personal Consulting or Business Activities of “SIU Medicine Employee Name”

**Employee’s Name:** Name, Job Title, SIU Medicine Department

**Description of Potential Conflict of Interest and Reason for Management Plan:**
“Employee name” has been asked to [description of the proposed activity].

Similarity between “employee’s name” SIU work duties and the consulting/external employment activities with “entity/organization name,” in addition to remuneration outlined in his/her Consulting Agreement (or other employment contract), necessitates a management plan for this conflict of interest.

**Related Research:**
[If applicable]

**Management Plan:**
SIU School of Medicine faculty members and staff are expected to conduct their administrative, research, service and teaching activities in accordance with SIU School of Medicine policies and applicable state and federal regulations in order to assure the integrity of the institution as an enterprise of higher learning. All employees are required to give the SIU School of Medicine their primary professional loyalty and to arrange their financial interests and other non-university activities so as not to conflict or interfere with their commitment to the SIU School of Medicine. As such, faculty are expected to avoid situations that may impart bias; involve inappropriate use of institutional assets, resources or information; or that may involve actual, or have the appearance of, advancing one’s own economic or reputation interests to SIU School of Medicine’s detriment.

As “employee name” participates in personal consulting/external employment activities involving “entity/organization name” (the “Company”), he/she must be particularly careful to avoid situations that may adversely influence his/her objectivity, integrity, or professional commitment as a faculty/staff member employed by the SIU School of Medicine, and to avoid those situations that may have the appearance of doing so.

This document serves as the conflict of interest management plan required under the University’s Conflict of Interest and Commitment Policy and federal regulations for the purposes of managing, reducing or eliminating the potential conflicts of interest that may develop while “employee name” engages in consulting/external employment activities with the Company.

In order to assist the University in managing such perceived and potential conflicts, I, “employee name,” agree to the following:

1. To conduct my Company consulting/external employment activities as allowed under this Conflict of Interest Management plan and approved through the established University process;
2. To also conduct my Company related activities in compliance with the SIU School of Medicine Industry Relations Policy;

3. To work with my Chair to assure that I meet my teaching, research, and/or service activities as required by state law and University policy during the timeframe that I work for the Company;

4. To disclose in advance any material changes (including changes in equity) in my consulting/external employment activities and/or business relationships to my Chair (or his/her designee), and the Conflict of Interest Administrator in a timely manner;

5. To not use my position as a University faculty or staff member to provide confidential University information to benefit the Company, either directly or indirectly;

6. To observe institutional restrictions regarding publicity and the use of my University affiliation and faculty and administrative titles while engaged in Company-related activities;

7. To distinguish between any activities I perform for the Company from the duties and activities that I perform for the University and disclose these activities as necessary and appropriate (including in any publications and/or presentations);

8. To conduct my service and/or teaching activities so that my faculty colleagues, students and business associates understand when these activities are being performed on behalf of the University and when these activities are being performed in my personal capacity as a consultant for the Company;

9. To acknowledge that University resources shall not be utilized by or for the benefit of the Company absent a written agreement between the Company and University that provides that the Company compensate the University at fair market value for such resources;

10. To acknowledge the compensation provided to me by the Company will not influence my research or treatment protocols, which shall be made on the basis of applicability and best practice;

11. To be compliant with intellectual property guidelines set forth in the Facilities Use Agreement and established by SIU’s Intellectual Property Policy detailing the allocation of intellectual property rights; and

12. To disclose the financial relationship with SIU committees or groups on which I serve that review, recommend, or approve the purchase of any commercial product or service, including but not limited to research or clinical practice. In accordance with the SIU Policies on Industry Relations, I will abstain from involvement in business decisions related to the Company.

On an annual basis while engaged in consulting activities involving the Company, I agree to the following:
1. To provide an annual report to the Conflict of Interest Administrator regarding my consulting/employment activity with the Company;

2. The annual report should be provided to the SIU School of Medicine Office of Compliance and Ethics on or before submitting my annual electronic conflict of interest (e-COI) disclosure; and

3. The annual report shall contain the following:
   a. A description of my Company consulting/employment activities;
   b. The total annual number of hours necessary to perform the consulting/employment activities;
   c. Information regarding any unanticipated time commitments, trips, or an expansion of responsibilities; and
   d. A list of my professional publications and presentations over the past twelve (12) months.

I understand and agree that failure to comply with applicable federal regulations, state laws, University policies and this Agreement may result in the total withdrawal of, or limitation to my University approval to participate in consulting/employment activities involving the Company, upon the recommendation of my Chair/Unit Administrator and Dean, in consultation with the Office of General Counsel and the Conflict of Interest Administrator. I understand and agree that violations of this Agreement can subject me to discipline, up to and including termination from my University employment.

FACULTY/STAFF MEMBER

________________________________________ Date: __________________________
Employee Name, Job Title
SIU Medicine Department

CHAIR/UNIT ADMINISTRATOR

________________________________________ Date: __________________________
Employee Name, Job Title
SIU Medicine Department

CONFLICT OF INTEREST FACULTY LIAISON

________________________________________ Date: __________________________
Employee Name, Job Title
SIU Medicine Department
PRESIDENT’S DESIGNEE

Date: ______________________

Jerry Kruse, M.D., MSPH, Dean and Provost/CEO
SIU School of Medicine/SIU Medicine