

# Addendum to Faculty Financial Interest Disclosure – Form 2

**Complete this form only if you checked "Yes" to any of the questions on your Financial Interest Disclosure – Form 1.** Remember to sign and return the last page with the certification statement. Please be advised that you may be requested to provide additional information based on the information provided on this form. Please submit this form to Susan Mihailidis.

## BASIC PERSONAL AND RESEARCH INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_

## QUESTIONS

### I. OUTSIDE COMPENSATION.

**If, in the last 12-months, you, your spouse or dependent children received outside compensation that reasonably appears to be related to your institutional responsibilities, please fill out the chart below, detailing those interests.**

Outside compensation includes salary and any payment for services not otherwise identified as salary, e.g., consulting fees, "in kind" compensation, sponsored travel, paid authorship fees, royalties or honoraria or entitlement to the same.

Outside compensation does not include the following: (i) salary or other remuneration paid by Olin College if appointed thereto; and (ii) income from seminars, lectures, teaching engagements, service on advisory committees or review panels that are reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

Receiver of Outside Compensation (Name, relationship to you)	Type of Compensation (e.g., lecture fees)	Short description of services provided	Paid By	Amount in the last 12 months
				\$
				\$
				\$
				\$

### II. EQUITY INTERESTS.

**If, in the past 12 months, you, your spouse or your dependent children held equity interest(s) in a publicly or non-publicly traded entity that reasonably appears to be related to your institutional responsibilities, please fill out the chart below, detailing those interests.**

Equity interests include any stock or stock options or other ownership interests.

Equity interests do not include income from investment vehicles, such as mutual funds and retirement accounts, as long as you, your spouse, or dependent children do not directly control investment decisions.

You may check "No" if the aggregate value of the public equity interests is less than \$5,000 total at public prices or reasonable measures of fair market value.

You must check "Yes" if any equity interest in a non-publicly traded entity is held.

Holder of Equity Interest (Name, relationship to you)	Type (stock, stock options)	If stock options, are they currently exercisable? (y/n)	Name of Entity Stock/Options are Held in	Entity publicly traded on a stock exchange? (y/n)	Number of Shares	Percentage of ownership
						%
						%
						%

### III. ROYALTIES/INCOME IN CONNECTION WITH INTELLECTUAL PROPERTY (IP) RIGHTS

If, in the last 12 months, you, your spouse or dependent children received royalties or other income in connection with IP (e.g., patents, copyrights) that reasonably appears to be related to your institutional responsibilities, please fill out the chart below, detailing those interests.

This does not include IP rights assigned to Olin College and agreements to share in royalties related to such rights (e.g., royalties received under the relevant Patent Policy).

Receiver of Royalties (Name, relationship to you)	Type (patent, trademark, copyright)	Government ID number	Subject Matter of IP (describe it)	Owned by (name)	Inventor(s) (names)	Total \$ received in the last 12 months
						\$
						\$
						\$

### IV. REIMBURSED OR SPONSORED TRAVEL (For Investigators engaged in PHS (NIH) funded research only).

If, in the past 12 months, you engaged in reimbursed or sponsored travel that reasonably appears to be related to your institutional responsibilities, please fill out the chart below, detailing those interests.

You do not need to include travel expenses reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

For any changes to this information, or new trips in the next 12 months, you must submit a new form within **30 days** of returning from the trip, in accordance with federal law. You may, but are not required to, provide information on anticipated travel in the space below. If more space is needed, please attach additional pages of this form.

Year of Travel	Sponsor of Travel	Duration	Destination	Purpose (e.g., Scientific meeting, research collaboration, professional service, professional development, data collection)

**CERTIFICATION**

I certify that the above information is complete and true to the best of my knowledge and that I have read the Olin College Conflict of Interest policy. **I acknowledge that I am responsible for submitting updates to this information within 30 days of any change.**

Signature: \_\_\_\_\_

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