**Francis Marion University**

**Conflicts of Interest Disclosure**

**Employee Name:** Click or tap here to enter text.

**School/Department:** Click or tap here to enter text.

**Check one of the below:**

[ ]  I have no potential conflict of interest to report.

[ ]  I have the following potential conflict of interest to report.

**In the below section, please specify any potential conflicts of interest that you have.**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

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

OSP Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_