

**REPORT OF CATEGORY I, II AND III COMPENSATED OUTSIDE PROFESSIONAL ACTIVITIES,
ADDITIONAL TEACHING ACTIVITIES AND INVESTMENT INTERESTS IN HEALTH INDUSTRY COMPANIES
FOR THE CALENDAR YEAR 2017**

INSTRUCTIONS AND DEFINITIONS

PART I INSTRUCTIONS

This form is designed to meet the reporting requirements of **APM 025, Conflict of Commitment** (http://www.ucop.edu/academic-personnel/_files/apm/apm-025-07-01.pdf), **APM 671, Conflict of Commitment and Outside Activities of Health Sciences Compensation Plan Participants**, (http://www.ucop.edu/academic-personnel-programs/_files/apm/apm-671.pdf) and the **UCD School of Medicine and School of Nursing Health Sciences Compensation Plan Implementation Procedures** (http://www.ucdmc.ucdavis.edu/academicpersonnel/documents/UCD_SOM_SON_Comp_Plan_Implementation_Procedures_7.1.2013.pdf). Please review these instructions carefully to educate yourself on what information is required. All Schools of Health faculty members who are employed (full or part-time) must file this form **each year**. Please complete each section for the time that your academic appointment was effective in the identified calendar year. If you did not engage in any compensated outside professional activities during the identified year, did not perform additional teaching as defined in APM - 662 (i.e., teaching in University Extension courses or programs, other continuing education programs run by the University, or self-supporting UC degree programs), and/or do not have any investment interest in health industry companies, check the box(es) accordingly and provide your signature as verification. This report is due in the Office of Academic Personnel by May 31st and should reflect all outside professional activity conducted in the previous calendar year.

NOTE: Health Sciences Compensation Plan members (whether full or part-time) may engage in non-clinical Category I and Category II outside professional activities (compensated or uncompensated) for up to 21 days per calendar year. Faculty may request an exception to the 21-day limit for up to a maximum of 48 days. Department Compensation Plan Guidelines will define the outside professional activity earning threshold, up to a maximum of \$40,000 or 40% of base salary at scale 0, whichever is greater. Any Category I and II compensation exceeding the maximum must be paid into the department plan. Faculty that are not Health Sciences Compensation Plan members are subject to different time and income thresholds as specified in APM - 025, or further restricted by faculty policy or written agreement.

NOTE: In certain circumstances, faculty members may be permitted to go on full or part-time leave in order to pursue compensated outside professional activities. If you were on such leave during any part of the pertinent calendar year, please provide information about the percentage of time or months you were on leave and identify the activities on the form.

NOTE: Departments may collect forms quarterly if they find it necessary or helpful for monitoring outside activities, but reports to Academic Personnel must be made annually.

PART II INSTRUCTIONS

Please list each health industry company in which you or a family member held an investment interest during the reporting period (including companies for which the interest may not have been held for the entirety of the reporting period). You should include investment interests that you or a family member held or hold directly, as well as those that you have reason to believe you or a family member hold indirectly (e.g. through a trust or intervening corporation, partnership, limited liability company). Investment interests include individual stocks you or a family member may hold in a health industry company, but does not include stocks held in a diversified mutual fund or other similar fund.

GENERAL DEFINITIONS

Compensation: Total number of dollars or other remuneration (stock, equipment, services) received and/or billed for the outside professional activity being reported.

Family Member: Your spouse or registered domestic partner, and any minor children.

Health Industry Company

Any for-profit corporation, nonprofit corporation, partnership, limited partnership, foundation, association, limited liability company, or sole proprietorship that – to the best of your knowledge:

- a. Develops, manufactures, markets, or distributes pharmaceuticals, biologics, medical devices, medical implants, medical supplies, or medical equipment; **or**
- b. Furnishes health care items or services to individuals; **or**
- c. Provides funding for clinical research, or basic sciences research, or continuing medical education **or**
- d. Is a licensed insurance company or licensed managed care organization.

Honoraria: A payment made by agencies outside the University for occasional lectures and similar public appearances beyond normal academic responsibilities and which are not in return for other services, whether given directly or indirectly. Honoraria are not payments made by Health Industry Companies for talks, participation in committees or other services.

Investment Interest: Stock, stock option, put, call, general partnership interest, limited partnership interest, limited liability company unit, secured debt, unsecured debt, or other equity holding or debt interest you or any immediate family members hold. A family member is defined as your spouse or domestic partner and any minor children. Investment Interest **does not** include any interest (i) held through a diversified mutual fund, (ii) held through a blind trust, (iii) issued by the federal government or a state or local government.

Outside Professional Activities: Compensated or uncompensated activities that are (i) within your area of professional or academic expertise and (ii) performed for a person or entity other than the University of California (e.g., private industry, professional societies, government agencies, the community, or other academic institutions).

Outside Professional Activities Disclosure Statement Categories

Category I activities include: teaching, research or administration of a grant to an entity outside the University; employment outside the University; assuming a founding/co-founding role of a company; and assuming an executive or managerial position outside the University. You must receive prior approval to engage in Category I activities.

Category II activities include: additional University-compensated teaching (e.g., UNEX or another University program or campus); serving on a board of directors of an outside entity; consulting or testifying as an expert or professional witness; consulting for non-profit entities, for-profit entities, non-profit health or education organizations, or government agencies; providing or presenting a workshop for industry; and providing education or guidance to health industry companies or providing such services that are compensated by health industry companies, and undertaking compensated outside professional activity not described in Categories I or III.

Category III activities: Although Category III activities are not subject to the time or earnings threshold limits set forth in APM - 671, **compensated** Category III activities must be reported on this form for audit and recordkeeping purposes. Examples of Category III activities include: serving on government or professional

panels or committees or as an officer or board member of a professional or scholarly society; reviewing manuscripts or acting in an editorial capacity; attending and presenting talks at university/academic colloquia and conferences; or developing scholarly or creative works. When such activities require travel or time away from the University, they do require departmental reporting as professional time away, but do not require reporting for the purposes of APM - 025 or APM - 671.

Additional Teaching Activities are defined by APM - 662. These teaching activities provide additional compensation for specified additional University teaching activities (i.e., University Extension courses and programs, other continuing education programs which are run by the University, and self-supporting UC degree programs). These activities must be reported and do count within the 21-day limit.

Nature of Relationship: Title or role that best describes your relationship to the entity, e.g. owner, board member, consultant, speaker, equity or royalty interest holder, stockholder, partner, employee.

Total Time Spent on Activity: *Day* is defined on a case by case basis, using common sense and customary practice. You should exercise sound professional judgment, taking into account reasonable work schedules, when determining what constitutes a day of outside activity and be prepared to provide, upon request from the responsible University official, an explanation of the definition of “day” you used. You should report a partial day devoted to outside professional work by fraction, e.g. one hour of work would be reported as .1.

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REPORT OF INVESTMENT INTERESTS IN HEALTH INDUSTRY COMPANIES
FOR THE CALENDAR YEAR ENDING 2017
DISCLOSURES AND CERTIFICATION**

Name _____ Title _____
☐ School of Medicine ☐ School of Nursing Department _____
 Calendar year _____ Terms of leave, if any _____

Part I: Outside Professional Activities and Additional Teaching Activities (AT) Disclosure Statement

Add additional lines/pages if necessary by right-clicking in last cell and selecting 'insert: insert rows below'.

Category (I*, II, or AT)	Total Time Spent on Activity	Description of Activity. Identify any device/drug associated with your work, if applicable	Nature of Relationship (e.g. consultant, speaker, employee or shareholder)	Name and General Description of the Business/Organization	Health Industry Company (Y/N)	Compensation or other remuneration (whether billed or received) for the services

*If any activity is Category I, prior approval must be obtained by the Chancellor/Chancellor Designee. Submit the application, found at APM-025 Appendix B, to the Academic Personnel Office.

Category III	Total Days or Portion Thereof	Description of Activity. Identify any device/drug associated with your work, if applicable	Nature of Relationship (e.g. travel costs, stocks, gifts)	Name and General Description of the Business/Organization	Compensation, including honoraria for services	Other remuneration for services. (travel, stocks, gifts)

☐ I did not engage in Category I, II, III or Additional Teaching Activities in the past year.

☐ Yes ☐ No Did you receive compensation (apart from Category I, II, III or AT) from any health industry company (e.g., royalties from prior work) in the past year?
 If yes, please explain and include dollar amount

Part II: Investment in Health Industry Companies Disclosure Statement

Add additional lines/pages if necessary by right-clicking in last cell and selecting 'insert: insert rows below'.

Name of Health Industry Company. Specify type of industry	Nature of Investment Interest in Company (e.g. ownership, shares, stock)	Date Interest Acquired	Date Interest Disposed or Indicate if Still Held)	Did You Perform Outside Professional Activities for this Company during the Reporting Period? (If yes, please ensure activity is reported above)

☐ I (including family members) held no applicable interest in a health industry company during the past year.

CERTIFICATION

By my signature below I hereby attest as follows:

1. I have complied with all reporting requirements as required by APM - 025 and/or 671 as applicable.
2. I have paid the University any/all Compensation for Outside Professional Activities that I may have received in excess of the cap on such Compensation during the Reporting Period.
3. I understand that the University will neither defend nor indemnify me for losses incurred in connection with any Outside Professional Activities, even if the third party pays (or I pay) some or all of the resulting Compensation for such activities to the University.
4. I understand that I am solely responsible for paying appropriate federal, state, and local taxes on all Compensation I receive (other than those amounts I am obligated to turn over and do, in fact, turn over to the Plan in a timely manner).
5. During the Reporting Period, I did not use University resources in connection with Outside Professional Activities.
6. During the Reporting Period, I complied with the University's "Policy on Health Care Vendor Relations." (Policy is available at <http://www.ucdmc.ucdavis.edu/compliance/pdf/IRC%20Vendor%20FAQ%209-2008.pdf>).
7. During the Reporting Period, any payments or in-kind donations from third parties in support of my research activities were made to the University (not to me directly).
8. I completed this form after reading the attached instructions carefully, and all disclosures herein are accurate and complete to the best of my knowledge after careful review and thought.
9. I will submit a revised version of this Form for this Reporting Period if I subsequently recall or otherwise learn of information that may render any of the disclosures herein inaccurate, incomplete, or misleading.
10. I understand that timely submission of this form with thorough and accurate disclosures for this Reporting Period is an explicit condition for my eligibility to receive incentive-based compensation via the Health Sciences Compensation Plan in this or any future Reporting Period.
11. I understand failure to timely complete and submit this form, or failure to abide by University policy regarding outside professional activities may lead to a reduction in salary, forfeiture or reduction of incentive-based compensation, and formal discipline or corrective action.
12. I understand that this form is subject to disclosure by the University under the Public Records Act and further authorize the University in its sole discretion to disclose, publish, or otherwise release this form or the information herein to patients, health care practitioners, government officials, students and the general public.
13. I hereby authorize the University and those entities I list on this form and their affiliates (collectively "Listed Entities") to exchange information as may be reasonably necessary to validate the accuracy and completeness of the disclosures I made and release the University and Listed Entities from liability for any disclosures made between them.

Faculty Signature: _____ Date Signed: _____ Chair Signature: _____ Date Signed: _____