



MOUNT SINAI
SCHOOL OF
MEDICINE

RELATIONSHIPS WITH OUTSIDE ENTITIES ATTESTATION OF COMPLIANCE WITH INSTITUTIONAL POLICIES

NAME: _____ DEPARTMENT: _____

NAME OF ENTITY: _____

ENTITY TYPE (check all that apply): COMMERCIAL NON-COMMERCIAL
NOT-FOR-PROFIT GOVERNMENT

TYPE OF RELATIONSHIP, e.g., consulting, speaking engagement: _____

START DATE: _____ STOP DATE: _____ TIME COMMITMENT, e.g. xx days/year _____

I. COMPLIANCE WITH INSTITUTIONAL POLICIES

I confirm that my proposed arrangement complies with all institutional policies, including but not limited to:

- Policy on Financial Arrangements with Outside Entities (Consulting Policy)
- Conflict of Interest (COI) Policies -- both Business and Research
- Intellectual Property: Ownership and Commercial Development
- Speakers Bureau Policy

I confirm that the following conditions have been met:

- This activity will not divert me from my primary obligations to the School and/or the Hospital including, but not limited to, clinical care, research, teaching and administration.
- This activity will not conflict with any responsibilities I may have on grants or contracts administered by MSSM.

I have updated my Report of Relationships with Outside Entities on Sinai Central.

II. REVIEW AND APPROVAL OF THIS RELATIONSHIP (check all that apply)

The written agreement for this relationship needs **only Chair approval** because:

- It is for medico-legal consulting or expert witness service.
- It is with a not-for-profit or government entity, with no Intellectual Property issues.
- It is for a lecture at a CME accredited event.

I have forwarded an electronic copy of my written agreement for this relationship to my Department Chair and to the **Conflicts of Interest (COI) Office for review**** at sandra.londono@mssm.edu because:

- It is with a commercial entity (other than medico-legal consulting, expert witness).
- It is with a not-for-profit or government entity, but raises Intellectual Property issues.

FACULTY SIGNATURE: _____ DATE: _____

CHAIR'S SIGNATURE: _____ DATE: _____

**** Please send this signed form and a WORD version of your agreement to the COI Office at least two (2) weeks in advance of the activity.**

(COI Office will obtain Dean's signature)

DEAN'S SIGNATURE: _____ DATE: _____