

**PHS Financial Conflict of Interest
Disclosure & Training Certifications**

Date _____

This document certifies that the required training was completed on the date indicated and meets the requirements of the university's policy.

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes

Investigator Name _____

Department _____

Date of Last Training _____

FCOI Date Filed _____

Does a conflict exist? No Yes If "yes", : Pending Resolved

Updates/Changes? No Yes