



Consulting and Outside Activities Disclosure Form

Per the UMass [Policy on Faculty Consulting and Outside Activities](#), faculty members are expected to devote their primary professional loyalty to the University and direct their time and energy to the University. Per the Massachusetts Law ([Chapter 268A: Conduct of Public Officials and Employees](#)), UMass faculty are considered special state employees which are permitted to engage in limited activities outside of the University during regular working hours; provided such activities do not interfere with their primary obligations.

Instructions: UMass Dartmouth requires faculty to disclose involvement in Outside Activities or confirm the lack of involvement in Outside Activities, annually. Before the commencement of any Outside Activity, disclose the proposed Outside Activity and obtain the subsequent written approval issued by the Provost. Disclose material changes of previously disclosed/approved Outside Activities promptly. Submit new and revised disclosures via email to disclosure.info@umassd.edu for the Director of Institutional Ethics and Compliance (DIEC) and Provost to evaluate. If the outside activity poses a potential conflict per the [Policy on Conflicts of Interest](#), also submit a [Disclosure of Financial Conflict of Interest Form](#) to the DIEC and Chief Research Officer. Please email any questions to: disclosure.info@umassd.edu.

Name: _____
Department: _____

Dean: _____
College: _____

No Disclosure Confirmation. *If you have no outside activity to disclose, please confirm the following and submit signed.*

- I have read the [Policy on Faculty Consulting and Outside Activities](#) and [Policy on Conflicts of Interest](#).
- I do not have any outside activities to disclose at this time.
- I understand I am required to obtain approval of a revised disclosure prior to the start of an outside activity.

Signature: _____

Date: _____

Disclosure Information. *If you have an outside activity to disclose, please complete the following sections and submit signed.*

a. Details of Current or Proposed Outside Activities. *Provide sufficient information to describe the activity.*

b. Status:

Ongoing

To Commence

c. Name(s) of the Outside Entity: _____

d. Type of Outside Activity:

- | | | | |
|----------------------------------------------------------|------------|-------------------|--------------------------------------|
| Working | Consulting | Teaching/Coaching | Advisory Boards/Review Panels |
| Intellectual Property Royalties | | Ownership/Equity | Paid Authorship or Speaker Fees |
| Executive, Trustee, Officer, Chair, Partner, or Director | | | Professional Certification/Licensure |
| Other, explain: _____ | | | |

e. Estimated Timeframe:

State Date: _____

End Date: _____

____ Days ____ Evenings
____ Short term ____ Long term

____ Weekends ____ One time
____ Off Contract, describe: _____

f. Estimated Duration:

Total Hours: _____

____ Hours/Week ____ Hours/Month

____ Hours/Year



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g. Are you compensated for this activity? **Yes** **No**
If paid as an employee or consultant, clarify if you, family member, or partner have a financial interest in the matter. You may provide compensation details to clarify the nature of compensation (i.e. reimbursement for travel, honorarium for speaking, etc).

h. Are any UMass Dartmouth resources used (phone, computer, email, equipment, etc.)? **Yes** **No**
If yes, include details about the extent of resources to be used.

i. Are students you advise or supervise involved in the activity in any way? **Yes** **No**
If yes, include details about the extent of student involvement.

Disclosure Confirmation:

I have read the [Policy on Faculty Consulting and Outside Activities](#) and [Policy on Conflicts of Interest](#).
I understand if the outside activity changes, I am required to submit and obtain approval for a revised disclosure .

Signature: _____ **Date:** _____

DIEC Statement:

I do not foresee any conflicts of interest nor conflicts of commitment with this disclosure.
I foresee a conflict of interest or conflict of commitment with this disclosure. Revision and/or further review required.

Signature: _____ **Date:** _____

Provost Statement:

I approve this disclosure. Please retain a copy of this decision as required in the University’s policy.
I do not approve this disclosure. To appeal this decision, contact the DIEC and Chief Research Officer.

Signature: _____ **Date:** _____
