



Visiting Scholar/Visiting Scientist Disclosure Form

This form must be completed by the Visiting Scholar/Visiting Scientist and returned to their UVM host who will submit with the completed application.

This form is required for all Visiting Scholar/Visiting Scientist (VSS) Appointments. Please answer as completely as possible. Incomplete or misleading information is reason for revocation of VSS status.

Instructions: Use your "tab" key to move between questions. Use "space bar" to check boxes. Once you have filled out this form, please print and sign.

VSS PERSONAL INFORMATION

Visiting Scholar/Visiting Scientist Name:

Faculty Host Name:

Host Unit:

Host Unit Chair/Director:

CONFLICT SCREENING QUESTIONS

1. Did/will you, your spouse, your domestic partner, or your dependent children:

- a. Are there any outside organizations (non-UVM) or companies, whether local or foreign, with which you or an immediate family member** serve in a fiduciary or management role* that could relate to your collaboration, research, administrative, clinical, teaching, or other UVM activities?

*Management role includes, but is not limited to, service as an officer or other management position, partner, trustee, member of the board of directors or scientific advisory board.

**Immediate family member includes your spouse, domestic partner, and dependent children.

YES

NO

If yes:

Non-UVM Organization/Company Name:

Address:

Description of Activity/Interest:



b. Have you received monetary or in-kind support related to the academic/professional/research collaboration or other activities with UVM from any individual or organization, whether local or foreign?

YES

NO

If yes:

Individual/Organization Name:

Address:

Kind of Support:

Date Support First Provided:

Amount of Support:

2. Will you receive a salary or support from another institution or entity while at UVM?

YES

NO

If yes, from whom are you receiving a salary or support:

3. Have you notified the above institution or entity of this request for VSS appointment at UVM?

YES

NO

Name of contact at above institution/entity:

Title of contact at above institution/entity:

Contact Info: Email:

Phone:

4. Do you or a member of your immediate family have any intellectual property rights or interests outside of UVM that may apply to your work at UVM?

YES

NO

If yes:

- Compensation for the past 12-months paid directly to you or your immediate family member:
- Describe the invention or intellectual property and its relationship to the organization:

5. Do you or a member of your immediate family have any patents or patent applications related to your work at UVM?

YES

NO

If yes:

- Compensation for the past 12-months paid directly to you or your immediate family member:
- Describe the invention or intellectual property and its relationship to the organization:



6. Do you or a member of your immediate family have any license agreements, or do you expect to execute any agreements, with an outside entity that may result from, or is otherwise related to your work at UVM?

YES

NO

If yes:

- Compensation for the past 12-months paid directly to you or your immediate family member:
- Describe the invention or intellectual property and its relationship to the organization:

7. Are you now, or have you been, a participant in a Foreign Government Talent Recruitment Program (FGTRP)***?

YES

NO

If yes:

- Name of the Program:
- Sponsoring Institution/Government:

*** In general, FGTRP programs include any foreign-state-sponsored attempt to acquire U.S. scientific-funded research or technology through foreign government-run or funded recruitment programs that target scientists, engineers, academics, researchers, and entrepreneurs of all nationalities working or educated in the United States. These recruitment programs are often part of broader whole-of-government strategies to reduce costs associated with basic research while focusing investment on military development or dominance in emerging technology sectors.

CERTIFICATION

By signing this form, I hereby certify that all of the above disclosures are true and that I have disclosed all statuses, ownerships and responsibilities that apply to my work as a VSS at UVM. I acknowledge that incomplete, misleading or false information will result in immediate revocation of my status at UVM.

.....
VSS Printed Name

.....
VSS Signature

.....
Date