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FOR USE BY GOVERNMENT EMPLOYEES ONLY

**CONFLICT OF INTEREST CERTIFICATION FOR NASA FEDERAL EMPLOYEES WORKING ON HUMAN RESEARCH PROTOCOLS.**

Date Form Signed: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
\*1 year from signature or when a new conflict is identified

This form documents aspects of the conflict of interest review process necessary to clear you for participation in a human subject research protocol in accordance with applicable conflict of interest and human subject research laws. Federal employees must certify that they have no actual or perceived conflicts of interest with protocols they are working on. This form must be completed by all NASA federal employees who are working on a protocol as an investigator, co-investigator, or member of the research team.

Should you believe you may have an actual and/or perceived conflict of interest or have a question regarding the conflict of interest statutes and regulations applicable to federal employees, please contact your local Office of the General Counsel.

Please complete all the information below and retain a copy of this form for your records.

**SECTION I: General Information**

Name:	Email:
NASA Center:	Telephone:
Role on Study:	
Protocol Name:	

**SECTION II: Conflict of Interest**

Please review the following items and confirm your agreement by checking each box and signing where indicated.

	<p>Neither you, nor anyone whose interests are imputed to you, have a financial interest in any of the institutions participating in this protocol and listed in SECTION III.</p> <p>Those whose financial interests are imputed to you under 18 U.S.C. §208 are:</p> <ul style="list-style-type: none"> <li>• Spouse</li> <li>• Minor child</li> <li>• General partner</li> <li>• Organization or entity with which you serve as an officer, director, trustee, general partner or employee, and</li> <li>• Person (to include any entity) with which you are negotiating for, or have an arrangement with, concerning prospective employment</li> </ul>
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	<p>You do not have a covered relationship with or related to an institution participating in this protocol.</p> <p>Covered relationships that must be considered are the following (5 CFR 2635.502):</p> <ul style="list-style-type: none"> <li>• Person or organization with whom you have or seek a business relationship that involves something more than a routine consumer purchase;</li> <li>• Person who is a member of your household, or who is a relative with whom you have a close personal relationship;</li> <li>• Person or organization for whom your spouse, parent or dependent child is, to your knowledge, serving or seeking to serve as an officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee;</li> <li>• Person or organization for whom have, within the last year, served as officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee;</li> <li>• Organization, other than certain political organizations, in which you are an active participant.</li> </ul>
	<p>You do not have other personal relationships with individuals, such as friends, relatives, or other persons, affiliated with the institutions in SECTION III that would either give rise to a conflict of interest or an appearance of use of public office for private gain or of giving preferential treatment. 5 CFR 2635.702(d)</p>

## SECTION III: Institutions Participating in Protocol

List of Institutions Participating in Protocol

## SECTION IV: Signature

I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete. I certify that I have no conflict of interest with this protocol. In the event that I become aware of any potential conflict of interest while working on this protocol, I will stop my participation in the protocol and immediately alert the NASA IRB Chair and my local Office of the General Counsel.

Signature:	Date:
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