

# LOYOLA UNIVERSITY NEW ORLEANS FCOI TRAINING AND CERTIFICATION FORM

Investigator and Role<sup>1</sup>: \_\_\_\_\_

Phone no. and email: \_\_\_\_\_

Project Title: \_\_\_\_\_

PI/Sponsor: \_\_\_\_\_

\*\*\*\*\*

On the date of \_\_\_\_\_, I received training in:

- The university-wide conflict of interest policy;
- The Loyola Office of Grants and Sponsored Programs Conflict of Interest Policy for PHS-Funded Projects; and
- The federal regulation Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding Is Sought and Responsible Prospective Contractors.

I am aware of my responsibilities and the procedures for fulfilling them, including those related to disclosure. Should any questions arise regarding these responsibilities or procedures, I will ask a representative from the Office of Grants and Sponsored Programs and/or review the policies and regulations as necessary to answer them.

I understand that I must be re-trained by the date \_\_\_\_\_ and will work with the Principal Investigator and Office of Grants and Sponsored Programs to meet this deadline.

\_\_\_\_\_  
Investigator

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Grants and Sponsored Programs Staff Member

\_\_\_\_\_  
Date

Ver. 1.0  
August 23, 2012

<sup>1</sup> Specify role as co-Principal Investigator, co-Investigator, (other) Collaborator, Consultant, Graduate Student, etc.