

COI Case Number:

Date:

Applicant Name:

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### Section 1. Annual Report

A. Choose **all** that apply:

1. I followed the most recently approved management plan since my last approval/renewal without deviation.
2. My circumstances changed in the last year and I revised my management plan to reflect the changes (**attach a brief explanation and your COI Management Plan Amendment Form**).
3. I expect my circumstances to change in the next 12 months (**attach a brief explanation**).

B. **Required** activities and certifications:

1. I have updated my Significant Financial Interest disclosure in MyResearch, and have taken COI Training in the last four years as per WSU Executive Policy 27.
2. I disclosed all new inventions developed within the last 12 months (if any) to the Office of Commercialization irrespective of the perceived origin/ownership of such IP.

C. WSU Student and Personnel Involvement:

1. The following are new students (undergraduate or graduate – please specify) or new employees involved with the managed activities, or working in the laboratory, where the activity is occurring:

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### Section 2. Certifications and Signatures

**Applicant:** I affirm the truth of the statements made above. I understand that if the University does not approve any such interest, pursuant to University policy or state law, I will be required to discontinue or divest myself of such interest in order to remain an employee in good standing at Washington State University. In addition, I agree to abide by the responsibility set forth in WSU [Executive Policy #27](#) and other University policies and state law related to this outside activity.

By signing below, I affirm that I will notify the Conflict of Interest Committee immediately if these circumstances change.

Name

Date

Signature \_\_\_\_\_

**Plan Monitor:** I affirm that I have reviewed and approve the Management Plan and Annual Report.

Plan Monitor Name

Date

Signature \_\_\_\_\_