FACULTY OUTSIDE PROFESSIONAL ACTIVITIES REPORT ANNUAL REPORT

		Reporting Period	<u>ÁÁÁÁ-</u> <u>ÁÁÁÁ</u>		
Na	ame	Campus			
De	epartment	Title and Dank			
Co	ollege	% Appointment			
Ur	niversity Contract Period: -				
	9-Month 12-month	Summer Other			
l.	Non-University, Non-Income-Producing Activities (If your appointment is part-time you are not required to complete this section. Proceed to Section III.)				
	Check one: Reported below None to Report (proceed to Section III) (List the total time for all such activities performed/proposed during University Contract period covered.)				
	Nature of Activity:	Time spent during this reporting period.	Prospective -Estimated time to be spent in next reporting period.		
1.					
2.					
3.					
4.					
5.					
II.	Non-University Income-Producing Activiti (If your appointment is part-time you are not required to	es complete this section. Proceed to Sec	ction III.)		
	Check one: Reported below None to Report (proceed to Section III) (List the total time for all such activities performed/proposed during University Contract period covered.)				
	Nature of Activity:	Time spent during this reporting period.	Prospective –Estimated time to be spent in next reporting period.		
	1.				
	2.				
	3.				
	4.				
	F				

III.	Potent	ial C	conflict of Interest	
••••	A. I have a managerial role or a material financial interest in (check all that apply):			
		1. 2. 3.	A company that does business with the University A company in my field of research A sponsor of my research None of the above (if you checked any 1 – 3, please describe below)	
			(if you checked any 1 – 3, please describe below)	
	B.		I do / do not have any other relationships, commitments, activities (including uncompensated activities), or financial or fiduciary interests that present potential conflict of interest. Remember to include interest of your immediate family in your considerations in answering this question. (If you checked "do," please describe below.)	
	C.		I do / do not have non-university professional or income-producing activities involving other University of South Carolina students, staff, or faculty. (If you checked "do," please describe below.)	
IV.	Insurance Coverage			
	I do 🗌	_	do not currently maintain professional malpractice insurance coverage.	
٧.	Affirma	Affirmation		
	In authoriting this form. Loffirm that the above is true to the heat of my brounded as and that I have made			

In submitting this form, I affirm that the above is true to the best of my knowledge and that I have read both the University's and the ______ policies on Outside Professional Activities, regarding conflict of interest and conflicts of commitment.

Signature Date