



RESEARCH INSTITUTE
SIGNIFICANT FINANCIAL INTEREST DISCLOSURE FORM
Required by 42 CFR Part 50

Name: _____ **Dept:** _____

AdventHealth Division/Market: _____

- Please read carefully:**
- In the table below, enter the entity name in which you hold the significant financial interest. *Please list only one entity per form.*
 - Select if yourself, your spouse, or dependent child hold the interest.
 - Enter the estimated **dollar** and/or **quantity** amount in the far-right column for each financial interest you hold with that entity in the past 12 months.

Entity Name: _____

Who holds this SFI? Self Spouse Dependent Child

| Enter any Form of Payments/Equity Interest totaling at least \$5,000 or higher received or held from any entity: | Total Quantity | Total value |
|---|-----------------------|--------------------|
| Consulting Fees | N/A | |
| Honoraria/Speaking Fees | | |
| Foreign entity, Official or Government – <i>(Please explain in the space provided below)</i> | | |
| Paid Authorship | | |
| Salary – <i>(NOT AdventHealth salary)</i> | | |
| Serving on a Board or Committee – <i>(Please explain in the space provided below)</i> | | |
| Stock (PUBLICLY Traded) | | |
| Stock Options | | |
| Other – <i>(Please explain in the space provided below)</i> | | |

| Enter the quantity/value of any amount received or held from any entity: | Total Quantity | Total Value |
|---|-----------------------|--------------------|
| Patents <i>(Please utilize the space below for more than one patent)</i> | | |
| Trademarks/Copyrights/Licensing Agreements <i>(Please specify in the space provided below)</i> | | |
| Royalties | | |
| Stock (NON-publicly traded) <i>If applicable, enter value of stock/stock options at the time of completing this form.</i> | | |
| Stock Options | | |
| Other – <i>(Please explain in the space provided below)</i> | | |
| Total Amount | | |

Individuals Comments/Notes to ORI Office:

In accordance with 42 CFR Part 50, I declare that the information provided on this form is, to the best of my knowledge and belief, true, correct, and complete.

Date: _____ **Signature:** _____

FOR ORI OFFICE USE ONLY

- No FCOI exists based on reported above, COI Official/Designee acknowledges and will maintain this form.
- A FCOI does exist based on reported above, COI Official/Designee will implement an FCOI Management plan per CW AHC Policy 104.

COI Official/Designee Comments/Notes:

COI Official or Designee Signature: _____ **Received:** _____