**Significant Financial Interests Disclosure Details**

If you answered "yes" to any item on the Financial Interests Disclosure (Questions 1-5), the detailed information below is required for each external entity. Please complete this form and upload it to your online submission.

**Name: Click here to enter text.**

**Entity 1:**

Name of External Entity: Click here to enter text.

Address of External Entity: Click here to enter text.

Reporting for:

Self

Family Member – Name and Relationship: Click here to enter text.

Type of External Relationship (check all that apply):

Consultant Speaker Advisory Board or Committee Equity Holdings

Governing Board or Officer Intellectual Property Rights Royalty Income

Other – Describe: Click here to enter text.

Amount of compensation or financial interest in reporting period (12 months preceding the date of this certification): $Click here to enter text.

If travel expenses were reimbursed and/or sponsored by entity, complete the following:

* Were any travel expenses reimbursed? Yes No
* Were any travel expenses sponsored by entity (paid directly on the traveler’s behalf)? Yes No
* Purpose of Travel: Click here to enter text.
* Destination: Click here to enter text.
* Duration: Click here to enter text.
* Amount Reimbursed: $Click here to enter text.
* Amount Sponsored (if known): $Click here to enter text.

**Entity 2:**

Name of External Entity: Click here to enter text.

Address of External Entity: Click here to enter text.

Reporting for:

Self

Family Member – Name and Relationship: Click here to enter text.

Type of External Relationship (check all that apply):

Consultant Speaker Advisory Board or Committee Equity Holdings

Governing Board or Officer Intellectual Property Rights Royalty Income

Other – Describe: Click here to enter text.

Amount of compensation or financial interest in reporting period (12 months preceding the date of this certification): $Click here to enter text.

If travel expenses were reimbursed and/or sponsored by entity, complete the following:

* Were any travel expenses reimbursed? Yes No
* Were any travel expenses sponsored by entity (paid directly on the traveler’s behalf)? Yes No
* Purpose of Travel: Click here to enter text.
* Destination: Click here to enter text.
* Duration: Click here to enter text.
* Amount Reimbursed: $Click here to enter text.
* Amount Sponsored (if known): $Click here to enter text.

Please copy and paste from this form as needed for additional entities.