

Wright State University
Boonshoft School of Medicine
Conflict of Interest Disclosure Statement

Name:	
Title:	
Department:	

This statement is an annual statement about industry-sponsored activity.

- I have no industry-sponsored activity to disclose.
- I make the following disclosures:

Name of Industry Sponsor	Nature of Activity	Funding/Compensation

- The above information is accurate and complete.

Code of Faculty Behavior

Acknowledgement of Receipt and Attestation of Compliance

As a member of the faculty of the Boonshoft School of Medicine, I acknowledge that I have received notice of the Code of Faculty Behavior available at <https://medicine.wright.edu/faculty-and-clinical-affairs/policies/policy-21-code-of-faculty-behavior> and have had the opportunity to review this policy. To the best of my knowledge, I am in compliance with the guidelines described in the code, and I will use my best efforts to remain in compliance.

- I agree.

Signature _____

Fax to 937-775-7956.