

OMH Employee: Application for Approval of
Proposed Consulting Agreement Between RFMH and Sponsor

1. Name of OMH Employee:
2. Facility:
3. State Title (e.g., Research Scientist II):
4. Sponsor Name:
 - Sponsor contact
 - Contact telephone and e-mail
5. Period of Consulting:
6. Amount to be paid to RFMH:
7. SCOPE OF WORK
 - **ATTACH** copies of correspondence with the sponsor, or other entity acting on behalf of the sponsor, relating to the proposed consulting. Include any letter of invitation, proposed agreement, confidentiality agreement, conference brochure, travel plans or any other invitation materials.
 - **ATTACH** a detailed description of the proposed services or activities. Include the:
 - format of services, e.g. participation in a study design meeting,
 - anticipated content of the services, e.g., provide advice on the study design, including subject population, dosage and inclusion/ exclusion criteria, and
 - anticipated work product, e.g. report for internal sponsor use, published article in professional journal, report for submission to FDA.
8. TIME AND TRAVEL
 - Location where the services will be performed:
 - Is travel required? Yes _____ No _____
If yes, provide details:
 - Amount of time involved to perform services - provide specific dates and times if available:

9. JUSTIFICATION FOR USE OF STATE TIME AND/OR RESOURCES

Explain how the services further State goals and objectives:

10. FINANCIAL DISCLOSURE:

- **ATTACH** a completed RFMH financial disclosure form.
- Describe any other financial relationships, including investment holdings, that have existed during the past two years, currently exist, are under negotiation or are reasonably anticipated, between the employee and the Sponsor, or RFMH and Sponsor for this employee. Attach additional pages as needed.

11. Include any other information, including non-financial relationships, relevant to the decision about whether use of state time and resources is appropriate:

ATTESTATION:

I hereby certify the following:

1. that I have received, read and understand the RFMH policy concerning consulting with industry and other commercial entities and understand my obligation to continue to perform my RFMH duties with undivided loyalty to the interests of RFMH;
2. I understand that certain fees related to the performance of this consulting engagement may be reported as payments to me on the Centers for Medicare and Medicaid Services (CMS) Open Payments website under the Sunshine Act;
3. I will recuse myself from all discussions related to marketing and will notify the Ethics Advisory Board within fourteen (14) days should such discussions take place during the course of this consulting engagement.

Signature of Employee

Date

ATTACHMENTS:

Please check:

- _____ Sponsor documents and correspondence
_____ Description of proposed consulting
_____ Financial Disclosure Form

OMH USE ONLY

APPROVALS:

Division Head or Equivalent Supervisor:

Approved Approved with Conditions (specify) Disapproved

Comments or conditions provided in an attachment: Yes No

I certify that I have received, read and understand the Research Foundation for Mental Hygiene's policy for consulting with industry and other commercial entities and have considered all relevant information in this Application. Based upon this information, I certify that the Applicant has the required skills to fulfill the requirements of the contract and approve the use of the Applicant's time to engage in this consulting activity.

Print Name and Title

Signature

Date

Recommendation of the Ethics Advisory Board:

ATTACH a written summary of the Conflict of Interest Committee's conclusions and recommendations.

Recommendation: Approval Approval with conditions Disapproval

Signature of Chairperson or designee

Date

OMH Medical Director :

Approved [] Disapproved []

Print Name

Signature

Date:

Comments: