REGULAR FACULTY PAID EXTERNAL CONSULTING APPROVAL FORM

PROFESSIONAL ACTIVITIES REQUIRING APPROVAL ON THIS FORM

• All outside compensated consulting arrangements related to a faculty member's professional expertise, including those undertaken during off-duty periods. Approval of consulting activities to be carried out during off-duty periods will be based solely on considerations of conflict of interest, patents and copyrights, and use of university facilities, unless the faculty member is receiving off-duty compensation either from university funds or an external sponsor.

PROFESSIONAL ACTIVITIES NOT REQUIRING APPROVAL ON THIS FORM

- Providing health care services explicitly authorized by approved practice plans.
- Outside professional activities reflecting normal and expected public and professional service by faculty.

For further information refer to The Ohio State University Policy on Paid External Consulting.

• If assistance is needed in determining whether this form should be used for a proposed activity, consult first with the department chair and dean, and, if assistance is still needed, with the Office of Academic Affairs.

APPROVAL SIGNATURES ON P. 2 ARE REQUIRED BEFORE YOU MAY UNDERTAKE THE ACTIVITY

Name Home	Dept Colle	ge Campus		
Person, company, or organization to which you are providing services:				
Describe services to be provided:				
Date(s) on which service will be provided		(do not cross fiscal years)		
Hours to be spent providing service: Weekly	Annual total	(per fiscal year)		
During on-duty periods or paid off-duty periods, no more than one consulting activities and university appointments for which supplem conflict between such activities and primary university responsibility	nental compensation is received. Fa			
I understand that while providing authoriz performance of all of my assigned duties and res				
Faculty Signature	D	Date		
Does your consulting agreement require you to as	ssign intellectual property	to the entity for which you are		
providing services? \square Yes \square No				
If yes, attach a copy of the intellectual property provis	ion in the agreement.			
The Ohio State University Policy on Patents and Copyrights require employment to the university's Office of Technology Licensing and area of expertise, including research performed during off-duty per	Commercialization. This policy app			

Consulting agreements sometimes require faculty to assign intellectual property rights to the firm receiving consulting services. These provisions should be narrowly drawn to apply only to the specific question, issue or problem which is the subject of the consulting agreement. Intellectual property assignments which purport to convey general and unrestricted rights to inventions or discoveries made by a faculty member are inconsistent with the

Policy on Patents and Copyrights. Consulting arrangements which include such provisions will not be approved.

Office of Academic Affairs External Consulting Form, Rev. 11/12 Form 201

USE OF UNIVERSITY FACILITIES			
Will university facilities be used in connection with consulting	services? Yes	□ No	
If yes, describe required space, services, equipment and supplies:			
Fees to be paid to the university for the use of:			
Space \$ Equipment \$ Service	es \$	Supplies \$	
Use of facilities approved by department chair or dean		Date	
FINANCIAL CONFLICTS	OF INTEREST		
The Ohio State University Faculty Financial Conflict of Interest Polic faculty member's institutional responsibilities. An on-line, electronic filed annually by faculty who are project directors, principal investigation or have been listed as an investigator or key personnel on IRB, IBC months. If you fall within any of these groups, you are also required there are any changes to report, for example, after entering into a noreceiving additional income from an existing relationship. The eCOI	financial conflict of inte ators or senior/key pers , or IACUC reviewed ro to update your annual ew consulting or finance	erest (eCOI) disclosure must be sonnel on a sponsored project, esearch in the past twelve (12) eCOI disclosure whenever cial relationship or after	
My current eCOI disclosure has been appropriately updated to	include the profession	onal activities reported on this	
form: ☐ Yes ☐ No			
APPROVAL OF THE PERSONS LISTI BEFORE FACULTY MAY UNDERTAKE OU RELATED TO THEIR AREA OF PRO	TSIDE CONSULTING	ACTIVITY	
Department Chair:			
		Date	
Regional Campus Dean (if applicable):			
		Date	
Dean			
		Date	
It is the responsibility of the college office or the regional campus office to:			
 notify the faculty member in writing of the approval or disapproval or 	• •		
• send a copy of the form to the tenure initiating unit chair for inclusion in the faculty member's personnel file; and			
 retain the signed original in the college office or regional campus of 	fice.		

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