

**Disclosure of Outside Interests**

**Reporter:**

Associate Professor, Medicine - (Clinical Scholar Track)	EMPLID:
Medicine	Affiliation: Dcc
	Status: T   ABOR: FAC
	Phone:

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**Outside Interests:** Please use this section to disclose any Significant Financial Interests or Significant Personal Interests (as those capitalized terms are defined in the University's [Individual Conflict of Interest in Research Policy](#)). These disclosure requirements apply to ALL foreign entities, including, but not limited to, employment and/or payments from any foreign entity.

No Financial Entities Defined

**Add disabled in 'acting as' mode**

I certify that I have no Significant Financial Interests or Significant Personal Interests to add, change, or update (as those capitalized terms are defined in the University's [Individual Conflict of Interest in Research Policy](#)).

**Travel Disclosure:** Use this section to enter Public Health Service (PHS) Investigator travel information

Have you (1) submitted a proposal to any of the entities listed below, or (2) been awarded funds from any of the entities listed below?

- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)

Yes  No

**Certification**