**Exhibit B**

**Employee Disclosure Statement**

TO:       [Name of individual to receive disclosure]

FROM:       (“Employee”)

The University has determined that a conflict of interest or potential conflict of interest exists by the Employee’s relationships and financial interests noted below. The University has determined that the noted conflict can be managed through an appropriate monitoring plan agreed to by the Employee. As part of that monitoring plan, all applicable FIU personnel and students are being advised of these relationships and financial interests by means of this disclosure statement.

[ ]  The Company referenced in this disclosure is:       (the “Company”)

[ ]  Employee has filed a Request for Exemption/Disclosure under Section 112.313(12)(h), Florida Statutes. The exemption was requested in order to:

[ ]  Allow Company to enter into a licensing agreement with the Florida International University Research Foundation, Inc. (FIURF) or the University.

[ ]  Permit research which will be conducted under a research contract between the University and the Company.

[ ]  Other:

Financial Interests:

[ ]  Employee has invention(s) that are licensed by the FIURF or the University to the Company.

[ ]  Employee has an ownership interest in the Company.

[ ]  Employee may receive royalties under the University’s intellectual property policy.

[ ]  Employee has entered into a consulting agreement with the Company.

[ ]  Employee has a “Significant Financial Interest” as defined by the Public Health Service and/or National Science Foundation regulations (see the Conflict of Interest in Research policy #2370.005 on the FIU Policies and Procedures Library for more information).

[ ]  Other:

Following is a brief description of my outside activity or financial interest, and how I will ensure that my work at FIU will not conflict with any work I do for the Company and/or will not conflict with my financial interest.

The following College Representative has the primary responsibility on behalf of the University to monitor the Employee’s activities as described herein:

|  |  |
| --- | --- |
| College/Center (for independent centers): |       |
| College Representative: |       |
| Title: |       |
| Campus Address: |       |
| Campus Phone: |       |
| Campus Fax: |       |
| Campus E-Mail: |       |

The College Representative is available for consultation with you should you have any questions regarding these relationships or regarding any potential conflicts of interest, including questions concerning research design and conduct, use of University resources, employee or student assignments and ownership of intellectual property.

You may also contact the following Department Representative or Office of Research and Economic Development (ORED) Representative concerning these matters:

Department Representative:

|  |  |
| --- | --- |
| Department/Unit |       |
| Dept. Chair/Unit Supervisor |       |
| Title: |       |
| Campus Address: |       |
| Campus Phone: |       |
| Campus Fax: |       |
| Campus E-Mail: |       |

ORED Representative:

|  |  |
| --- | --- |
| Representative: |       |
| Title: |       |
| Campus Address: |       |
| Campus Phone: |       |
| Campus Fax: |       |
| Campus E-mail: |       |

Acknowledgement of this Notification:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name:

Title:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_