

**PRIOR APPROVAL FORM**  
**CATEGORY 1 OUTSIDE PROFESSIONAL ACTIVITY**

Category I activities are outside professional activities that are most likely to create a conflict of commitment because: 1) they are activities related to the training and expertise which is the individual's qualification for University appointment, but performed for a third party; and/or 2) they require significant professional commitment. Category I activities require prior approval by the Chancellor and require disclosure in annual reporting.

For each Category I outside professional activity in which you wish to engage, answer the following questions.

Is this a

New Request; Approval requested through (enter date):

Renewal of a previously approved request; Date of previous approval:

Activity Begin Date:

Anticipated Activity End Date:

Estimated number of hours of involvement during the current fiscal-year:

Name of business/agency/organization/group/individual (hereafter called "entity"):

General description of the entity, including activities/products/services:

Nature of your current and proposed relationship to entity named above (check all that apply):

Owner

Consultant

Board Member

Founder/co-founder

Equity/Royalty Interest

Salaried Employee

Stockholder/Partnership Interest

Other, please explain:

Type of Category 1 activity in which you will be involved:

Teaching, research, or administration of a grant at an educational institution, trust, organization, government agency, foundation, or other entity outside of the University; Note: does not include grants submitted on behalf of a professional society;

Employment outside of the University;

Assuming a founding/co-founding role of a company;

Assuming an executive or managerial position outside of the University. Note: does not include positions with professional societies.

Other potential conflict of commitment, please describe:

Please provide a brief description of the nature of your participation in this activity including, if you wish, possible beneficial outcomes to areas of research, industry and public service.

Have you received any compensation from this entity in the past:

No compensation received

Stock options, please describe:

Cash compensation, please describe:

Does this company use University-licensed Intellectual Property?

Yes

No

Does this entity have a license agreement with the University for the use of such Intellectual Property?

Yes

No

Please attach:

- Management Plan Letter from the Conflict of Interest Advisory Committee, if applicable
- Documentation from the Office of Innovation, Technology & Alliances (ITA) for licensed Intellectual Property, if applicable

Please note:

- At UCSF, approvals are time-limited and require a new submission for renewal beyond the approval date.
- You must not engage in this activity until you have received official notification that your request has been approved
- Approval to engage in this activity does not include approval to exceed the time/earnings threshold nor to retain earnings above the threshold. If this activity, either alone or in combination with other outside professional activities during the fiscal year cause you to exceed the time or earnings thresholds, you must submit a separate approval request ("Approval to Exceed Time and/or Earnings Threshold")

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date



**DEPARTMENT CHAIR/ORU DIRECTOR:**

By approving this request, you represent that the following have been considered:

- The good standing status of the faculty member, including:
  - Satisfactory participation in assigned duties

- Meets expectations related to the generation of salary support and/or shared expenses
- Any known conflicts of interest related to this activity
- Any known misconduct proceedings involving this faculty member

If you have any concerns about approving this request, please contact your Vice/Associate Dean of Academic Affairs for further discussion.

Request Approved  
Request denied

*Brief explanation for denial (will be sent to the faculty member):*

\_\_\_\_\_  
Department Chair/ORU Director Signature

\_\_\_\_\_  
Date



**VICE/ASSOCIATE DEAN – ACADEMIC AFFAIRS:**

By approving this request, you represent that the following have been considered:

- Any known conflicts of interest related to this activity
- Any known misconduct proceedings involving this faculty member
- The volume of Category I requests from this faculty member or this Department

Request Approved  
Request denied

*Brief explanation for denial (will be sent to the faculty member):*

\_\_\_\_\_  
Vice/Associate Dean Signature

\_\_\_\_\_  
Date



**CAMPUS APPROVALS:**

Review by Office of Ethics & Compliance:

I have reviewed this request and confirm:

- There are no known issues with Intellectual Property
- Appropriate forms have been submitted for COI review (if applicable)
- I am not aware of any misconduct proceeding involving this faculty member

I Recommend Approval  
I Recommend Further Discussion

Review by VPAA:

I have reviewed this request and confirm:

- The process is compliant with APM 025/671
- I am not aware of any misconduct proceeding involving this faculty member

I Recommend Approval Through  
I Recommend Further Discussion

Review by Legal Counsel:

I have reviewed this request and confirm:

- I am not aware of any legal issues that would preclude the faculty member from engaging in this activity.

I Recommend Approval  
I Recommend Further Discussion



**FINAL APPROVAL BY CHANCELLOR**

**Request Approved**  
**Request Denied**

\_\_\_\_\_  
Chancellor Signature

\_\_\_\_\_  
Date

*Please route document to VPAA once all signatures have been obtained. VPAA will provide notification to faculty member.*