



Certificate of Completion

San Francisco State University Conflict of Interest Training for Public Health Service Investigators

Principal Investigator:

Project Title:

Sponsor:

Principal Investigator Certification

I certify that:

- ✓ _____ All required PHS Financial Disclosures have been submitted to the Office of Research and Sponsored Programs (ORSP)
- ✓ _____ I understand that I must submit a Financial Conflict of Interest disclosure form for any new SF State PI I add to this project in the future, and I may not use project funds to support any SF State PI who makes a positive disclosure until ORSP reviews and approves the disclosure.
- ✓ _____ I understand that no SF State PI may participate in this project until that person provides ORSP with a certificate of completion of PHS-compliant training dated within the last four years.
- ✓ _____ I understand that the PHS- Financial Conflict of Interest policy applies to all sub-awards with a subrecipient, and that subrecipient is responsible for either:
 - 1) Providing their own Financial Conflict of Interest policy, which includes the regulations specific to PHS funded projects
 - 2) Agree to comply with SF State's policy (<http://research.sfsu.edu/policylibrary/docs/FinancialConflictofInterestPolicy.pdf>), and have each PI from the organization complete a Financial Conflict of Interest form (http://research.sfsu.edu/forms/SFSU_Federal_COI_Disclosure_Form.pdf)
- ✓ _____ I agree to complete the online training provided through CITI (<https://www.citiprogram.org>)
- ✓ _____ I have participated in the SF State Financial Conflict of Interest Training for Principal Investigators.

By signing and dating this form, I certify that I have read and that I understand the SF State Conflict of Interest Policy and the regulations specific to PHS-funded projects.

Signature of Principal Investigator: _____ Date: _____