



Burrell College of Osteopathic Medicine **Conflict of Interest Management Plan**

This Conflict of Interest Management Plan (“Management Plan”) is required pursuant to applicable laws, regulations, and/or policies of the Burrell College of Osteopathic Medicine, in order to provide assurances to the College, external entities (as applicable) and the public that the conflict described herein will be appropriately managed to avoid improprieties, including any potential bias, inappropriate use of institutional resources, or self-dealing, or the appearance of any of these; and/or that the Employee’s primary commitment of time and effort to the College is not unduly burdened by the Employee’s outside interests and activities. The purpose of this Management Plan is to assist the Employee and the College in managing conflicts that may exist or develop.

I. Employee Information

A. Employee’s Name and Title:

i.

B. Department:

i.

II. Employee Supervision

A. Employee’s Direct Supervisor’s Name and Title:

i.

B. Department Head’s Name and Title:

i.

III. Please describe the relationship and/or interest that creates an actual, potential, or perceived conflict:

A.

The Department Head has primary responsibility for overseeing the implementation of this Management Plan. In association with the Department Head, the responsibilities of the Employee and the Employee’s Direct Supervisor include initial plan implementation, monitoring and any and all reporting that may be required. The College and the Employee shall recognize that it is difficult to specify in advance all possible situations that could or might raise conflicts of interest. The Employee and the Employee’s Direct Supervisor are responsible for promptly informing the Office of Human Resources regarding any necessary changes to the Management Plan as described below. The Management Plan shall be reviewed at least once a year or as deemed necessary, but in no event less than once per year by the Office of Human Resources, the Department Head, the Employee’s Direct Supervisor, and the Employee.



**IV. Describe the Management Plan that will implemented to mitigate the
aforementioned actual, potential, or perceived conflict.**

A.

All of the undersigned hereby acknowledge and agree to abide by the following:

- Conflict of Interest Policy (<https://bcomnm.org/policy-b1041/>),
- Confidentiality Policy (<https://bcomnm.org/policy-b1042/>),
- FERPA Policy (<https://bcomnm.org/policy-b9040/>)
- Conflict of Interest Management Plan

Employee Signature: _____ Date: _____

Employee's Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Human Resources: _____ Date: _____