

Link Landing Page: www.rfsuny.org

<http://www.rfsuny.org>

POLICIES, PROCEDURES, FORMS ETHICS HOTLINE 877.463.2179 INVENTOR PORTAL DATA REQUESTS A-Z SUNY.EDU Search RF Website

SUNY (RF) The Research Foundation for The State University of New York

About Us Our Work Tools & Applications Information For

RF Report Center
Pre-Award and Compliance System (PACS)
Oracle Business Applications
Self Service
Certify Your Effort (ECC)
SUNY Inventor Portal
Oracle Process Help
Oracle Report Help
Oracle List of Value Definitions

SUNY Announces W Startup Summer School Demo Day

Select SUNY ESF

<https://www.rfsuny.org/information-for/online-tools/-/sunny-pacs/sunny-pacs-login/>

POLICIES, PROCEDURES, FORMS ETHICS HOTLINE 877.463.2179 INVENTOR PORTAL DATA REQUESTS A-Z SUNY.EDU Search RF Website

SUNY (RF) The Research Foundation for The State University of New York

About Us Our Work Tools & Applications Information For

[SUNY RF](#) / [Information For](#) / [Online Tools](#) / [SUNY PACS](#) / [SUNY PACS Login](#)

SUNY Pre-Award and Compliance System Login

Choose ONE of the login methods below for SUNY Pre-Award and Compliance System (PACS).

Using Campus Login

SUNY ESF



Enter Your Password

ESF State University of New York College of Environmental Science and Forestry

← phenson@esf.edu

Enter password

Password

[Forgot my password](#)

[Sign in](#)

Please Sign-in with your ESFID

Two Factor Authentication

ESF

Choose an authentication method

Duo Push RECOMMENDED [Send Me a Push](#)

Passcode [Enter a Passcode](#)

[What is this?](#)

[Add a new device](#)

[My Settings & Devices](#)

[Need help?](#)

Secured by Duo

COI Submissions > Research Initiated Certification for Cheryl Liptak:
TEST1234[Components](#)**Draft**Type: Research Initiated Update |
ID# DC00000092Discloser: **Cheryl Liptak** | Phone:
315-470-4730

Date Created: 6/14/2017

My Current Actions[Edit](#)[Printer Version](#)[Submit Disclosures](#)[Manage Ancillary Reviews](#)[Log Comment](#)[My Disclosures](#)[Meetings](#)[Reports](#)[COI Discloser Quick Reference](#)[COI Admin Quick Reference](#)[COI SUNY Specific Reference](#)[COI Advanced Reports Reference](#)[COI QuickStart Guide](#)**Disclosures**[History](#)**Research Certification Instructions**

You must recertify that all of your financial disclosures are up-to-date in the system because of your involvement in the following research project(s):

Research Project ID: TEST1234**Research Project Name:** TEST1234**Research Project Role:** PI**Research Project Type:** Award

Remember that you must disclose any financial interests that could be reasonably construed as related to the design, conduct, recruitment, or enrollment of subjects in the above research.

Notes to Discloser

This institution is committed to ensuring its faculty an open and productive environment in which to conduct teaching, patient care, and research. The institution's concern with conflict of interest reflects the ever-increasing complexity of our society, our various relations with each other and with outside institutions, along with the heightened national and governmental sensitivity to such matters.

Principal investigators should ensure that any staff, students, or other employees who participate in the design, conduct, or reporting of research, complete a COI disclosure form. Additionally, anyone engaged in any sponsored program, whether or not involving research, must complete an annual disclosure form. Disclosures must also be updated during the year whenever interests change.

To prepare for completing this form, you may want to collect the following documents:

- any consulting agreements you have signed this year
- receipts from travel paid by outside companies
- any stock portfolio summary
- your IRS 1040 and/or 1099 forms.

To get started: Click on the "Edit" button to the left, under "My Current Actions".

My Disclosures

Export

No data to display.

Campus:

550
SUNY
ESF



State University of New York
College of Environmental Science and Forestry

For any issues with
the PACS application,
please contact
Research@esf.edu.

SponsoredPrograms_Release85b_COI
(Wed Apr 26 19:51:01 EDT 2017:)

<< Back

Save | Exit | Hide/Show Errors | Print... | Jump To:

Institutional Responsibilities ▾


Continue >>

Research Initiated Update for Cheryl Liptak: Institutional Responsibilities

The following questions apply to all activities.

1. * Do you write orders and/or prescribe items or services for patients who visit this institution? 

Yes No [Clear](#)

2. * Do you influence or decide which vendor or manufacturer or service provider, supplier are chosen for purchase, lease, use or acquisition of any items or services at this institution? 

Yes No [Clear](#)

If Yes, please describe your role in the decision-making or in influencing decisions:

3. * Are you involved in any regulatory or policy activities on behalf of this institution? 

Yes No [Clear](#)

If Yes, Which:

4. * Do you employ or supervise anyone known to you to be related to you by blood, adoption, or marriage, at this institution?

Yes No [Clear](#)

If Yes, name the person, their title, your supervisory relationship to the person at work and your family relationship to the person and any management plans currently in place:

5. * Do you hold a position of executive leadership at this institution? 

Yes No [Clear](#)

6. * Are you directly or indirectly involved in the teaching, instruction, or education of students at this institution?

Yes No [Clear](#)

7. * Are you directly or indirectly involved in any research at this institution? This includes, but is

not limited to, being listed on any funding proposal, awarded grant, IRB, or IACUC submission.

Yes No [Clear](#)

8. * Are you a department chair (or designee for a department chair) who certifies scientific merit on IRB submissions?

Yes No [Clear](#)

9. * Is your spouse employed by:

1. A vendor of supplier of goods or services to this institution; or

2. An entity that sponsors research at this institution; or

3. A sub-recipient of sponsored funds at this institution?

Yes No [Clear](#)

If Yes:

a. Name of Employer:

b. Spouse Job Title:

c. Does your spouse have the authority to make significant business decisions on behalf of their employer?

Yes No [Clear](#)

<< Back

Save | Exit | Hide/Show Errors | Print... | Jump To:

Institutional Responsibilities ▾

Continue >>

<< Back

Save | Exit | Hide/Show Errors | Print... | Jump To:

Training and Education ▾

Continue >>

Research Initiated Update for Cheryl Liptak: Institutional Responsibilities

ESF requires you to complete Conflict of Interest training in order to be compliant with its policy and federal regulations. The training requirement is met by completing CITI course(s) on line. Please login to your **CITI Program Account** and complete the course.

1. COI Training Completed Date:

2/27/2014

<< Back

Save | Exit | Hide/Show Errors | Print... | Jump To:

Training and Education ▾

Continue >>

Research Initiated Update for Cheryl Liptak: Institutional Responsibilities

Organizations and Companies with which you have a relationship.

1. **SUNY College of Environmental Science and Forestry** **Investigator's Disclosure Statement of Significant Obligations, Significant Financial Interests, and Sponsored Travel**

As part of its commitment to promoting objectivity in research and in compliance with federal regulations, SUNY College of Environmental Science and Forestry (SUNY ESF) has adopted an Investigator Conflict of Interest Policy. The policy's intent is to remove bias or the perception of bias from the research process by identifying and managing any conflicts of interest due to an investigator's external commitments or financial interests. This Disclosure Statement must be filed annually and should be updated at such time when new financial interests are obtained or external commitments are entered into. The policy requires full disclosure of all Significant Obligations, Significant Financial Interests and **Sponsored** Travel as defined by the policy. Questions concerning the Investigator Conflict of Interest Policy or this Disclosure Statement may be addressed to ResearchFinance@esf.edu

The following question relates to any outside entities with which you or an immediate family (spouse and dependent children) have relationships outside of this institution. Outside entities include companies, service providers, non-government organizations (NGOs), foundations, competitors, non-competitors, and any other for-profit or not-for-profit entities (hereinafter called "companies") with which you or an immediate family member had a relationship in the previous 12 months, or with which you or an immediate family member anticipate a relationship within this calendar year.

Payments or Remuneration - The following is a non-exclusive list of payments that you must disclose:

- Payments from all non-institutional sources, whether or not you received an IRS Form 1099, W-2, or K-1, except as noted in Exclusions below.
- Any payment or promise of payment of any kind to you or an immediate family member, either in currency or in-kind, for any purpose, whether or not you believe the purpose or the payment is related to your employment at this institution, except as noted in Exclusions, below.
- Payments or promises of payment from a company that has licensed or has options to license any intellectual property (patents, inventions, copyrights, trademarks) either directly or through any other intellectual property was developed by you or an immediate family member.
- Any payments made to a company on your behalf. For example, you are part of an organized consulting group that receives payment for your work, that consulting group and the companies that paid you through the consulting group are to be disclosed.
- Payments from any corporate sponsor that pass through an intermediary should be attributed to the corporate sponsor. For example, a pharmaceutical company hires a public relations firm to arrange seminars in support of the pharmaceutical company's product. You or an immediate family member speak at a seminar and receive compensation. The payments should be attributed to the pharmaceutical company regardless of which company's name appears on the check you receive or anticipate receiving).

Equity holdings or ownership - You are required to disclose any shares of stock you or an immediate family member own, including options, warrants, or promises of such, etc., whether the company is privately or publicly held. The following is a non-exclusive list of ownership or equity holdings that you must

disclose:

- Pharmaceutical, biotechnology, medical device, or other companies related to research conducted on the campus.
- Start-up companies
- Companies that provide any tangible items to this institution, including equipment, office, medical or computer supplies, furniture, etc., regardless of cost.
- Companies that provide services or other intangibles to this institution, including but not limited to medical services, housekeeping, laundry, landscaping, information technology, consulting, accounting, etc., regardless of cost.

Significant Obligations – You are required to disclose any unpaid positions such as officer, trustee, director, consultant, advisor, adjunct professor that you or an immediate family member hold.

Exclusions - The following exclusions apply to payments or ownership to you or an immediate family member. These excluded items need not be disclosed:

- Income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles;
- Income from seminars, lectures or teaching engagements sponsored by a federal, state or local government agency, a (United States) Institution of higher education as defined at 20 U.S.C. 1001 (a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education; or
- Income from service on advisory committees or review panels for a federal, state or local government agency, a (United States) Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

*** Are there any outside organizations or companies with which you or an immediate family member have a relationship?** 

Yes No [Clear](#)

Campus: 550 SUNY ESF

<< Back

Save | Exit | Hide/Show Errors | Print... | Jump To:

What to Disclose ▾

Continue >>

You Are Here: Research Initiated Certificati...

<< Back

Save | Exit | Hide/Show Errors | Print... | Jump To:

Assurance and Certification

Finish

Research Initiated Update for Cheryl Liptak: Institutional Responsibilities

- I hereby acknowledge that I have read and understand the Financial Conflicts of Interest Policy.
- I affirm that the information provided is to the best of my knowledge true and complete and does not misstate any facts.
- I will provide any additional information as requested by my campus.
- I agree to cooperate in the development of any needed *Management Plan* as required per the Federal Regulations to manage, reduce, or eliminate existing conflicts of interest or obligations related to my research. I agree to comply with the terms and conditions contained in any *Management Plan*.

Disclosures Under Review:

Organization	Disclosure Type(s)	Total Value
There are no items to display		

Reviewed Disclosures:

Organization	Disclosure Type(s)	Total Value
There are no items to display		

BEFORE YOU FINISH

To save your disclosure certification for completion at a later time: DO NOT check the confirmation box and click "Finish"

To finalize and submit your disclosure certification for review: DO check the confirmation box and click "Finish"

My disclosures are up-to-date and accurate and I confirm that I understand and agree with the above statements.

<< Back

Save | Exit | Hide/Show Errors | Print... | Jump To:

Assurance and Certification

Finish

COI Submissions > Research Initiated Certification for Cheryl Liptak:
TEST1234

Components

No Review Required

My Current Actions

Printer Version

View Differences

Type: Research Initiated Update | ID# DC00000092

Discloser: **Cheryl Liptak** | Phone: 315-470-4730

Date Created: 6/14/2017



Log Comment

My Disclosures

Meetings

Reports

COI Discloser Quick Reference

COI Admin Quick Reference

COI SUNY Specific Reference

COI Advanced Reports Reference

COI QuickStart Guide

Summary

History

Private Review Information

Notes to Discloser

Instructions

Congratulations! You have successfully submitted your COI certification. You may now close your browser window, or click the Logoff button in the top right of the screen.

Summary

Last COI Training Date: 2/27/2014

Management Plan:

Snapshot: [View](#)

Date Submitted: 6/15/2017

Review Due Date:

Routing Information

Discloser has a Significant Financial Interest	No
Discloser is Involved in Research:	No
Discloser has Institutional Responsibilities:	No
Discloser has Significant Obligations:	No
Needs Review:	No

Campus:
**550
SUNY
ESF**



State University of New York
College of Environmental Science and Forestry

For any issues with the PACS application, please contact Research@esf.edu.

SponsoredPrograms_Release85b_COI
(Wed Apr 26 19:51:01 EDT 2017:)