

**FULLTIME FACULTY PAID EXTERNAL CONSULTING APPROVAL FORM**

**PROFESSIONAL ACTIVITIES REQUIRING APPROVAL ON THIS FORM**

- All outside compensated consulting arrangements related to a faculty member's professional expertise, including those undertaken during off duty quarters.

Approval of consulting activities to be carried out during off-duty quarters will be based solely on considerations of conflict of interest, patents and copyrights, and use of University facilities.

**PROFESSIONAL ACTIVITIES *NOT* REQUIRING APPROVAL ON THIS FORM**

- Providing health care services explicitly authorized by approved practice plans.
- Outside professional activities reflecting normal and expected public and professional service by faculty.

For further information refer to The Ohio State University Policy on Paid External Consulting:  
<http://oaa.ohio-state.edu/handbook/paidexternal.html>

University Extension faculty should refer to the OSU Extension Consulting and Conflict of Interest Policy Statement:  
<http://ag.ohio-state.edu/~hrteam/>

- If assistance is needed in determining whether this form should be used for a proposed activity, consult first with the department chair and dean, and, if assistance is still needed, with the Office of Academic Affairs.

**APPROVAL SIGNATURES ON P. 2 ARE REQUIRED *BEFORE* YOU MAY UNDERTAKE THE ACTIVITY**

Name \_\_\_\_\_ Home dept \_\_\_\_\_ College \_\_\_\_\_ Reg. Campus \_\_\_\_\_

Person, firm or agency receiving services \_\_\_\_\_

Describe services to be provided:

Date(s) on which service will be provided \_\_\_\_\_ (do not cross fiscal years)

Hours to be spent providing service: Weekly \_\_\_\_\_ Annual total \_\_\_\_\_ (per fiscal year)

During on-duty quarters, no more than one business day per week on average may be spent on the combination of paid external consulting activities and university appointments for which supplemental compensation is received. Faculty should avoid any conflict or appearance of conflict between such activities and primary university responsibilities.

***I understand that while providing authorized external consulting services I remain responsible for the performance of all of my assigned duties and responsibilities within the University.***

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Does your consulting agreement require you to assign intellectual property to the entity for which you are providing services?    \_\_\_ Yes    \_\_\_ No

If yes, please attach a copy of the intellectual property provision in the agreement.

The Ohio State University Policy on Patents and Copyrights requires faculty to report inventions or discoveries made in the course of their university employment to the Office of Technology Transfer. This policy applies to all research conducted by faculty in their area of expertise, including research performed during off-duty quarters.

Consulting agreements sometimes require faculty to assign intellectual property rights to the firm receiving consulting services. These provisions should be narrowly drawn to apply only to the specific question, issue or problem which is the subject of the consulting agreement. Intellectual property assignments which purport to convey general and unrestricted rights to inventions or discoveries made by a faculty member are inconsistent with the Policy on Patents and Copyrights. Consulting arrangements which include such provisions will not be approved.

## USE OF UNIVERSITY FACILITIES

Will university facilities be used in connection with consulting services?  Yes  No

If yes, describe required space, services, equipment and supplies:

Fees to be paid to the University for the use of:

Space \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_ Services \$ \_\_\_\_\_ Supplies \$ \_\_\_\_\_

Use of facilities approved by department chair \_\_\_\_\_  
Date \_\_\_\_\_

---

## FINANCIAL CONFLICTS OF INTEREST

The Ohio State University Financial Conflict of Interest Policy for Faculty applies to all outside professional arrangements including those performed during off-duty quarters. A Conflict of Interest Screening Form must be attached to this form unless one has already been filed within this fiscal year that covers this proposed activity.

A Conflict of Interest Screening Form is attached:  Yes  No

---

## APPROVAL OF THE PERSONS LISTED BELOW IS REQUIRED BEFORE FACULTY MAY UNDERTAKE OUTSIDE CONSULTING ACTIVITY RELATED TO THEIR AREA OF PROFESSIONAL EXPERTISE

Date \_\_\_\_\_

Regional campus dean (if applicable) \_\_\_\_\_

OR

Department chair \_\_\_\_\_

AND

Dean \_\_\_\_\_

It is the responsibility of the regional campus office OR college office to:

- notify the faculty member in writing of the approval or disapproval of the request;
- send a copy of the form to the tenure initiating unit chair for inclusion in the faculty member's personnel file;
- retain the signed original in the regional campus office OR college office .