Visiting Scholar Disclosure Form

1.	While at UMMC as a Visitor, will you be receiving any wages, salary, compensation, or other financial support (including resources, e.g., research or lab personnel, lab space, or scientific materials) from any source? If your answer is yes, list all sources from which you will be receiving money or resources while at UMMC.
2.	While at UMMC as a Visitor, will you have any honorary or uncompensated appointments with any company, governmental agency, or institution (including both foreign and domestic)? If your answer is yes, list all organizations with whom you will be affiliated while at UMMC.
3.	While at UMMC as a Visitor, will you be involved with any research projects that you have brought with you? If your answer is yes, list all such research (include the full title, principal investigator name, sponsor(s), start and end dates, and total funding amounts)

4.	Will you be bringing with you to UMMC any cell lines, reagents, biologicals, chemicals, therapeutics, research information, or other research materials? If your answer is yes, list all such items and the purpose for bringing them.
5.	While at UMMC as a Visitor, will you be involved with any research projects, laboratories, or facilities other than at UMMC? If your answer is yes, please identify all such research including location, principal investigator's name, and the research you are conducting there.
6.	While at UMMC as a Visitor, will you need to return to your home institution? If the answer is yes, please indicate how often you intend to return to your home institution, the purpose of such travel, and the length of stay.

7.	States) to any location? If your answ	a intend to travel (within or outside of the United er is yes, please indicate when you intend to travel, ength of stay. Please include both professional and	
I hereby certify that the information provided above is true, correct and complete. I acknowledge, confirm and agree that:			
1.	I have an ongoing obligation to promptly update this form to report any upcoming changes that may take place and to report new information,		
 If I have provided false information, or if I have failed to fully disclose the information, or if I fail to report any changes in the above information, I mate to criminal prosecution and my Visitor appointment at UMMC may be immeterminated. 			
		Visiting Appointment Candidate Signature	
		Visiting Appointment Candidate (Print Name)	
		Date	