Icahn School of Medicine at Mount Sinai

Office of Industry Engagement and Conflicts of Interest

ADJUNCT FACULTY
ATTESTATION OF COMPLIANCE WITH INSTITUTIONAL POLICIES

Faculty Name:		**Department/Division:**	
Primary Email Address:		**Non-Sinai Email Address:**	
Name of Outside Entity/Entities with Primary Relationship:			
Reason for Adjunct	☐ Education ☐ Research ☐ Other _____ *Check all that apply*		
Chair's Rationale for Adjunct Appointment *(must be completed)*			

I Adjunct Faculty Member Attestation

☐ I accept the adjunct appointment. I have read and understand the relevant policies posted in the Faculty Handbook, Business Conflicts of Interest Policy, and the Mount Sinai Insider Non-Trading Policy:

- I understand that my appointment is for a period of 1 years and is renewable on an annual basis. .
- I attest that there will be complete separation of my Mount Sinai institutional commitments and responsibilities as an adjunct faculty member from my outside academic appointment/employment/financial interests.
- I attest that my activities at Mount Sinai will be provided without compensation.
- I attest that I will not utilize Mount Sinai resources or confidential information, including patient data, for purposes other than the conduct of required activities related to my adjunct appointment.
- I attest that I will not share any Mount Sinai confidential information that I might learn of while on campus (e.g. - patient data, intellectual property, proprietary policies, unpublished research data, and/or planned investments) with any outside entity.
- I attest that I am responsible for completing my COI Disclosure Profile in eDMS on an annual basis. I understand that if I do not complete my financial disclosure profile, my adjunct appointment will be rescinded.
- I understand that for research funded by grants received by Mount Sinai, I cannot be Principal Investigator unless approved by the funding agency and the dean. (For example, if I am closing out my research projects due to my transition from a Mount Sinai full/part-time faculty member to an adjunct faculty).
- I understand that for research funded by Mount Sinai, I cannot be Principal Investigator.
- I understand that any request to use the Mount Sinai PPHS as the IRB of record for independent projects for which I am the proposed PI, will be in accordance with the Request for ISMMS to Serve (R2S) as the Reviewing IRB policy.
- I understand that I cannot directly participate in laboratory research at Mount Sinai without a separate agreement in place with MSIP.
- I understand I can only use my Mount Sinai affiliation on publications/presentations for work done at Mount Sinai or in collaboration with Mount Sinai. Consistent with the Mount Sinai Name Usage Policy, the Mount Sinai name and logo cannot be used for other or personal purposes without prior written approval by the Marketing Team.
- I understand that any inventions made using Mount Sinai resources, whether or not patentable, are and shall be the sole property of Mount Sinai.
- I understand I am subject to the Mount Sinai Intellectual Property Policy, unless I have written approval of exemption from Mount Sinai Innovation Partners (MSIP).

Adjunct Faculty's Signature:_____ Date: _____

II Department Chair/Institute Director

☐

Division Chief (Dept. of Med) Printed Name:_____ Signature:_____ Date: _____

Department Chair of Institute Director: Name:_____ Signature:_____ Date: _____

III (For Dean's Office Use Only)

☐ The proposed adjunct faculty member has completed the eDMS Disclosure Profile. The Office of Industry Engagement & COI has reviewed the information.

Printed Name:_____ Signature:_____ Date: _____