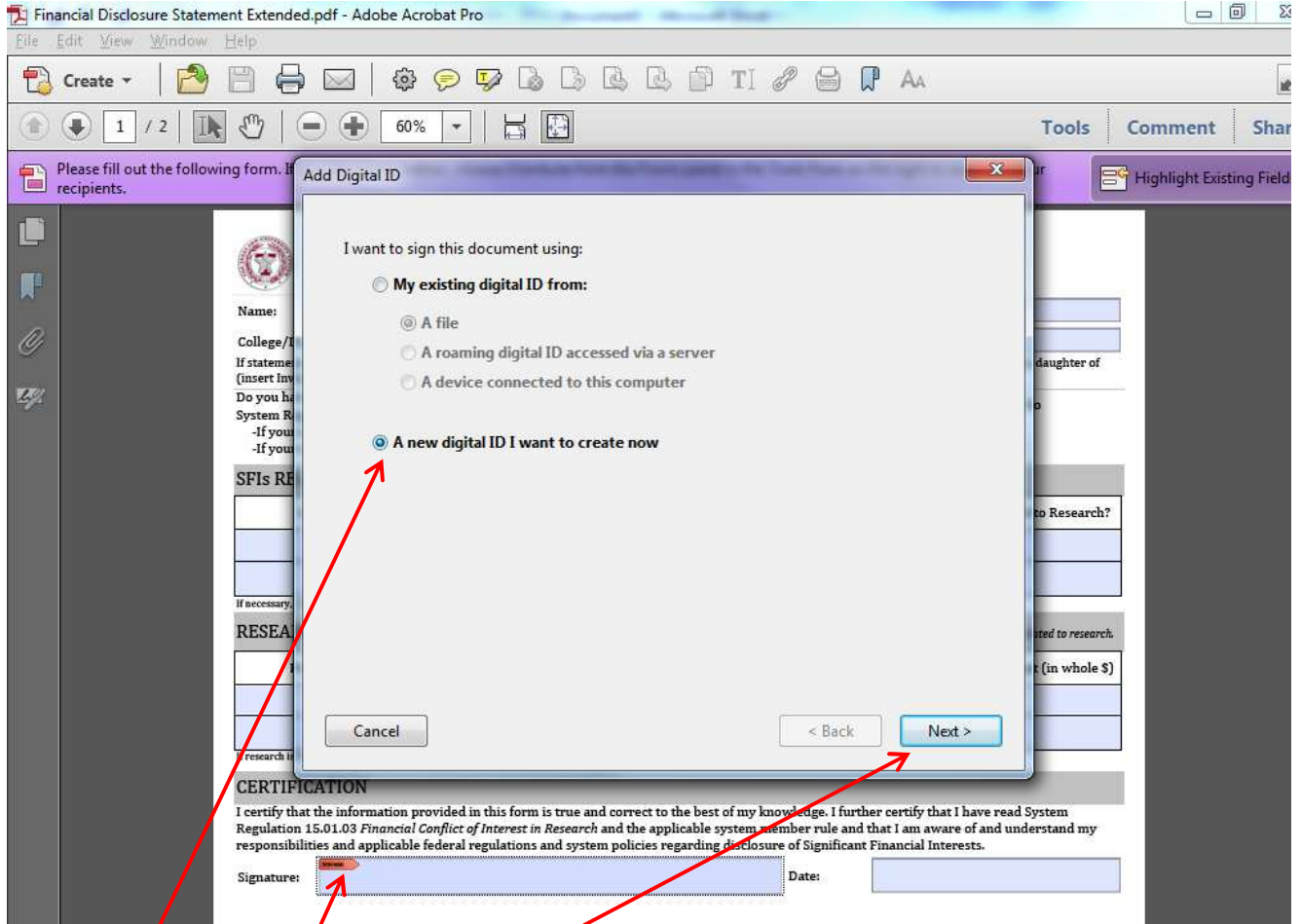


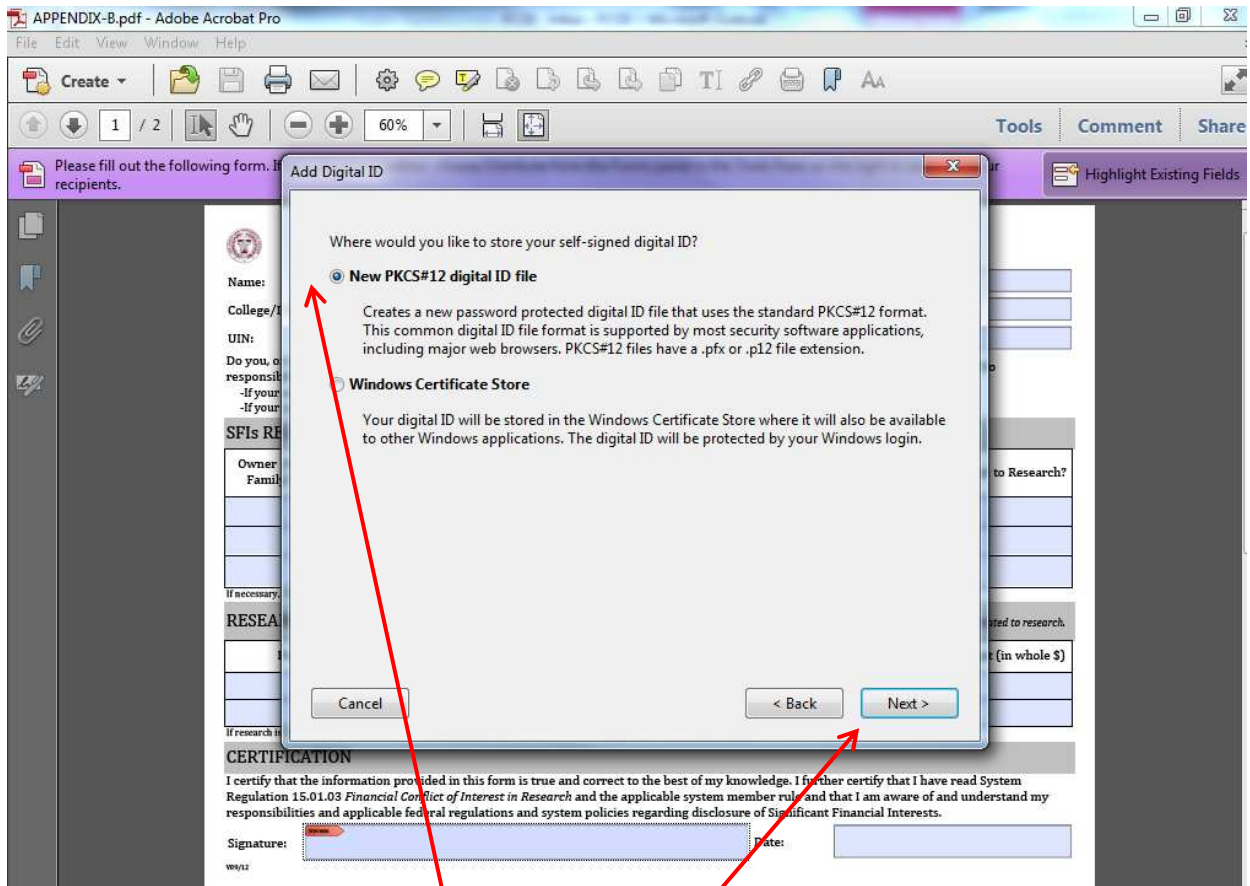
Creating a Digital Signature



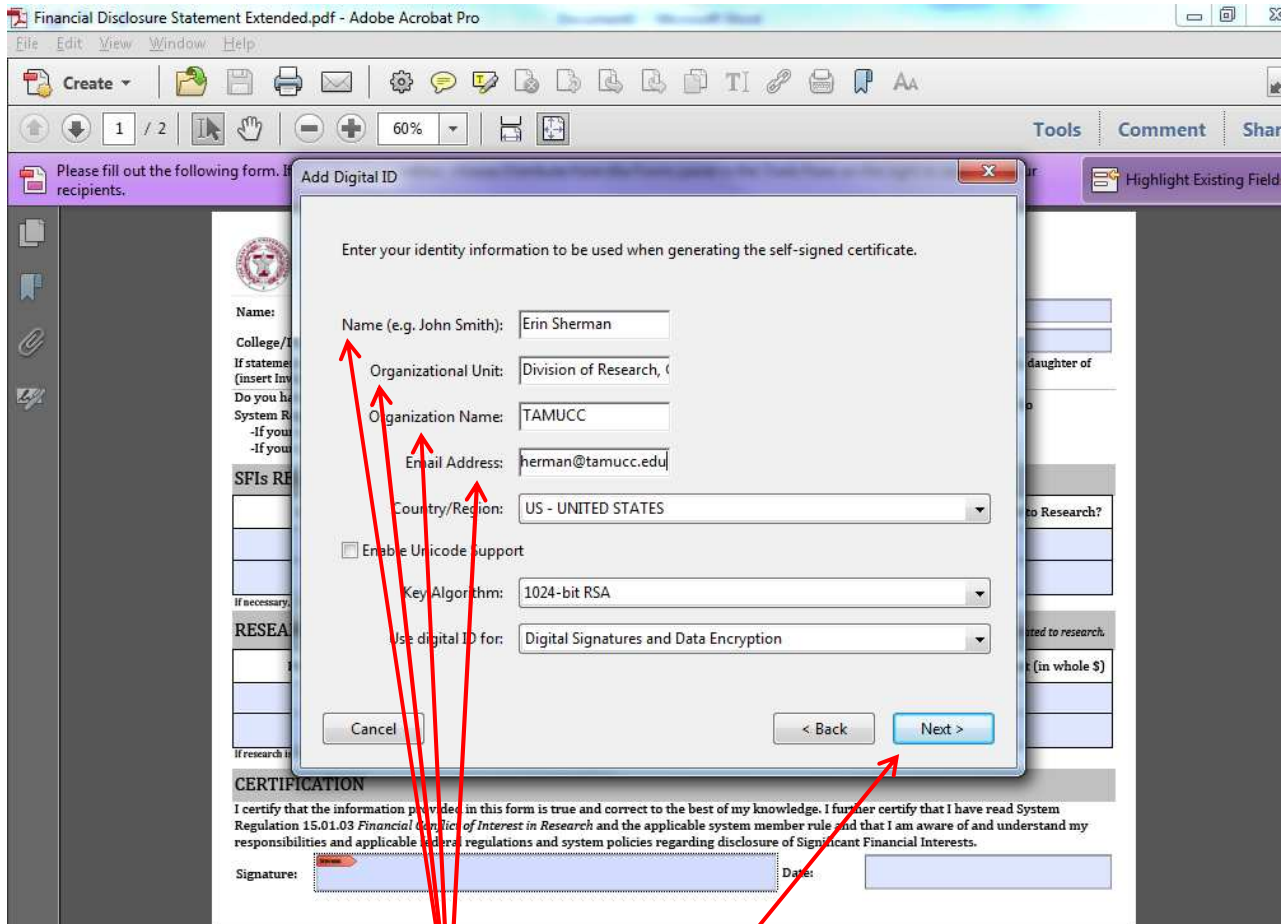
Click on the Red Signature Tab.

The "Add Digital ID" dialog box will pop up. Choose "A new digital ID I want to create now"

Click "Next"

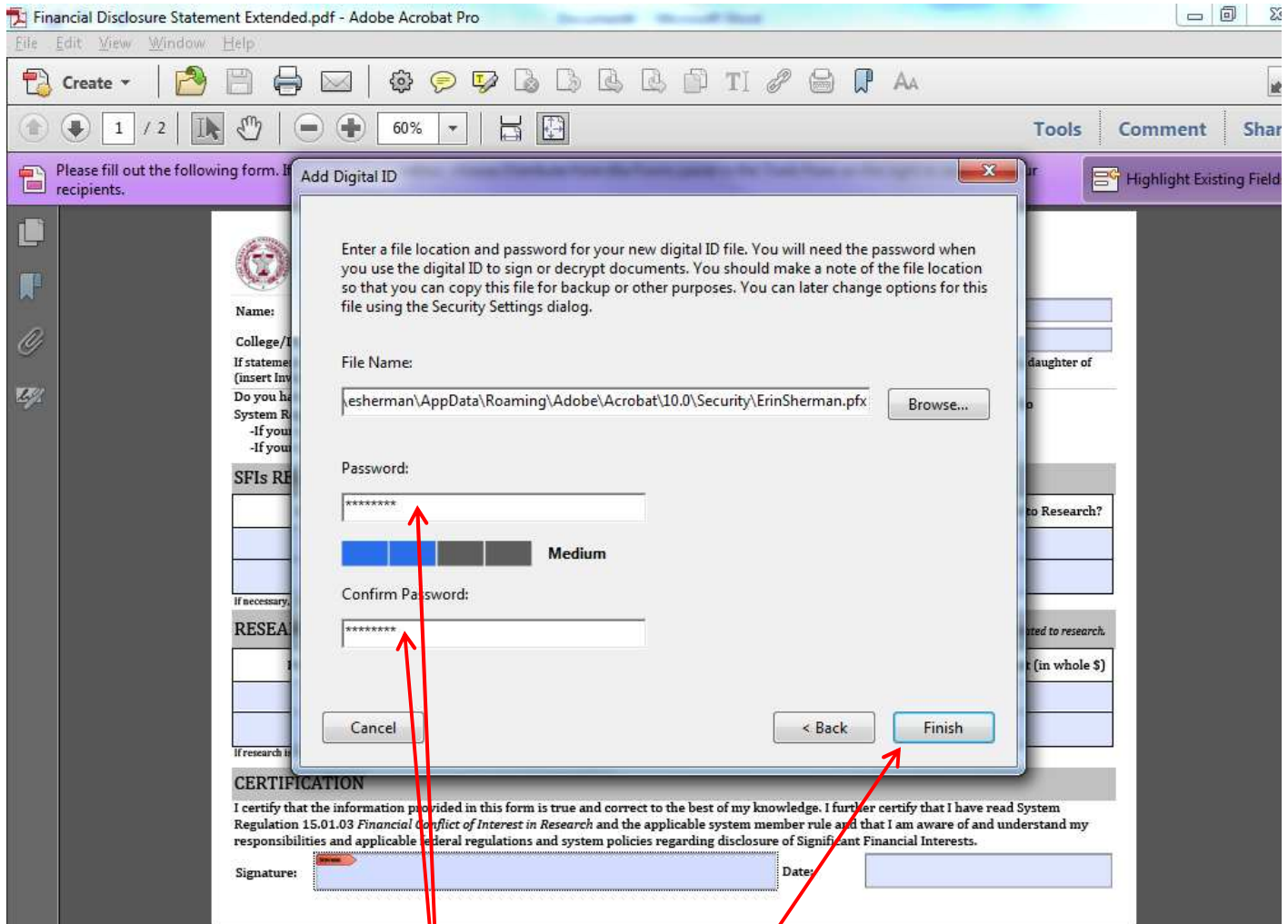


Select "New PKCS#12 digital ID file"
Click "Next"



Enter your information as instructed on the "Add Digital ID" dialog box.

Click "Next"



Create a password and confirm the password. Be sure to remember this password. You will be asked for it when you sign this form and any other form with your digital signature.

Click "Finish"

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Please fill out the following form. If you are a form author, choose Distribute from the Forms panel in the Tools Pane on the right to send it to your recipients. Highlight Existing Fields

Sign Document

Sign As: Erin Sherman <erin.sherman@tamucc.edu>

Password: [Redacted]

Certificate Issuer: Erin Sherman

Appearance: Standard Text

Erin Sherman

Digitally signed by Erin Sherman
DN: cn=Erin Sherman, o=TAMUCC,
ou=Division of Research,
Commercialization and Outreach,
email=erin.sherman@tamucc.edu,
c=US

Date: 2012.07.26 12:42:56 -05'00'

Sign Cancel

Name: [Redacted]

College/Department: [Redacted]

If statement is made on behalf of (insert Investigator Name)*

Do you have any Significant Financial Interests as defined in System Regulation 15.01.03?
-If your answer is "NO," then
-If your answer is "YES," then

SFIs RELATED TO INVESTIGATION

Source
[Redacted]

If necessary, add pages.

RESEARCH OR RESEARCH-RELATED ACTIVITIES

Project #	Related to Research?	Budget (in whole \$)
[Redacted]	[Redacted]	[Redacted]

If research is unfunded, use "N/A" for the "Funding Agency/Entity" field and "\$0" for "Budget" field. If necessary, add pages.

CERTIFICATION

I certify that the information provided in this form is true and correct to the best of my knowledge. I further certify that I have read System Regulation 15.01.03 *Financial Conflict of Interest in Research* and the applicable system member rule and that I am aware of and understand my responsibilities and applicable federal regulations and system policies regarding disclosure of Significant Financial Interests.

Signature: [Redacted] Date: [Redacted]

Enter the password created in the previous step.

Click "Sign"

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1 / 2 59.8%

Tools Comment Share

Signed and all signatures are valid. Signature Panel



Financial Disclosure Statement as Required by System Regulation 15.01.03

Name: Date:

College/Department: Title:

If statement is made on behalf of a Covered Family Member, use the following format for the "Title" field: "Covered Family Member, [spouse, son, daughter of (insert Investigator Name)]"

Do you have any Significant Financial Interests (SFIs) related to your institutional responsibilities as defined in System Regulation 15.01.03? Yes No

-If your answer is "NO," then sign the CERTIFICATION below and return this form to your COI Official.
-If your answer is "YES," then please complete the remainder of the form before signing and returning to your COI Official.

SFIs RELATED TO INSTITUTIONAL RESPONSIBILITIES (as defined in System Regulation 15.01.03)

Source	Description (e.g., salary, royalty interest, sponsored travel)	Value (in whole \$)	Related to Research?

If necessary, add pages.

RESEARCH OR RESEARCH ACTIVITY (as defined in System Regulation 15.01.03) Please fill out this portion if any SFI identified above is related to research.

Project #	Project Title & Description	Funding Agency/Entity	Budget (in whole \$)

If research is unfunded, use "N/A" for the "Funding Agency/Entity" field and "\$0" for "Budget" field. If necessary, add pages.

CERTIFICATION

I certify that the information provided in this form is true and correct to the best of my knowledge. I further certify that I have read System Regulation 15.01.03 *Financial Conflict of Interest in Research* and the applicable system member rule and that I am aware of and understand my responsibilities and applicable federal regulations and system policies regarding disclosure of Significant Financial Interests.

Signature: Digitally signed by Erin Sherman
DN: cn=Erin Sherman, o=AMSO, ou=Division of Research,
c=United States and Canada, email=erin.sherman@missouri.edu, #103
Date: 2020.07.28 13:42:25 -0700 Date:

Your digital signature will appear on the form.