

**University of Virginia  
School of Medicine  
Approval of Outside Activities  
and/or External Consultancies Form**

**("AOA Form")**

**PLEASE NOTE:**

**THIS FORM IS ONLY TO BE USED FOR CONSULTING  
ACTIVITIES CONTRACTED BETWEEN THE FACULTY  
MEMBER AND THE EXTERNAL ENTITY**

School of Medicine policy requires that you complete this form (including the approval of your Division or Department Chair) and submit it to the Office of Grants and Contracts for review and approval prior to entering into an agreement with an external entity for consulting services or other outside activities.

\*PLEASE ATTACH a copy of the offer letter or template agreement which has been provided to you by the External Entity.

*You will receive an initial response from the Office of Grants and Contracts within five working days from the date of your submission.*

Faculty Name:	
Department:	
Administrative Contact:	

**EXTERNAL ENTITY**

Name:	
Address:	
Administrative Contact:	
Contact email:	

Services to be provided\*. Please describe your proposed consulting or other outside activities and how the proposed consulting or other outside activities are related to the teaching, research, patient care or service mission of the School of Medicine. Please attach additional pages if necessary.

*NOTE: This must be consistent with the External Entity's description of services you will provide.*

<p>Number of days to complete the activity (i.e. 2 days per month for 6 months)</p>	
<p>Duration of the proposed contract</p>	
<p>Proposed compensation – for example –</p> <ul style="list-style-type: none"> <li>• Hourly Rate + Total # Hours</li> <li>• Daily Rate + Total # Days</li> <li>• Project/Fixed Rate Amount</li> <li>• Royalties</li> <li>• Equity Ownership</li> </ul>	
<p>Is this a renewal of a prior agreement?</p>	
<b>INTELLECTUAL PROPERTY</b>	
<p>Does the proposed agreement involve intellectual property that the University has determined is the product of “University research” as defined in the <a href="#">University of Virginia Patent Policy</a> or that you have assigned to the University?</p>	
<p>Does the proposed agreement involve research in a field in which you are presently engaged at the University, or research otherwise related to your University duties and responsibilities?</p>	
<b>RESOURCES</b>	
<p>Do you plan to use** any University resources such as computers, office space, laboratory equipment, patient data, access to the Medical Center ORs or other clinical areas, e-mail/Internet service, telephone, fax, secretarial support, and mail services in the performance of the activity?</p> <p>**Excludes <i>de minimis</i> used to coordinate the activity</p>	
<b>CONFLICT OF INTEREST</b>	
<p>Do you, your spouse, or any member of your immediate family either: (a) own more than 3% of the equity of the outside entity if publicly traded; (b) own any equity in the outside entity if privately held; or (c) receive or reasonably expect to receive more than \$5,000 annually from the outside entity?</p>	
<p>Are you currently serving as either the principal investigator or sub-investigator, or do you have an oversight role, on any study involving human subjects that is sponsored by the outside entity with whom you wish to consult, or a direct competitor of that entity?</p>	
<p>Is your Annual Disclosure of Financial Interests up to date?</p>	
<p>Do you have any other consulting arrangements with this outside entity, other than the proposed arrangement that is the subject of this approval form?</p>	

Important Considerations

When your Department Chair and the Dean’s Office review your outside activity proposal, the review will focus on the protection of School of Medicine and University interests. You are responsible for abiding by all University policies regarding outside activities, and the Virginia Conflict of Interests Act.

*Relevant University policies include the following:*

- [General Guidelines for School of Medicine Option 1 Consulting Agreement Guidelines](#)
- [External Consulting and Professional Activities](#)

The University assumes no liability or responsibility for consulting agreements between an individual faculty member and an External Entity. In such circumstances the University does not provide legal, financial, tax or business advice to faculty members. You should consider consulting your own attorney, business and tax advisors and your personal insurance provider to discuss appropriate coverage.

Acknowledgement

I have read and understand the School of Medicine Policy on External Consulting and Professional Activities and related policies. I acknowledge that any agreement I enter into with an External Entity for consulting or other professional services must not conflict with School of Medicine or University policies.

\_\_\_\_\_  
Faculty Member’s Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approvals:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Dean’s Office, School of Medicine