

User Guide: Annual Conflict of Interest Disclosure Questionnaire

Navex Disclosure Management System

Date: 1-28-2025

<u>Audience and Purpose</u>: The purpose of this guide is to assist users with completing the annual conflict of interest (COI) disclosure questionnaire in the Navex Disclosure Management system.

<u>Accessing Navex</u>: The easiest way to access the annual COI disclosure in Navex is through the <u>HSC</u> <u>Conflicts of Interest website</u>, where the current URL is posted under the Navex Disclosure Management System tab. You can also use the link provided in the email sent to you at the beginning of February.

Timing: University employees are required to complete a COI disclosure every year whether they have a conflict to disclose or not. Currently, the University requires all Health Sciences employees to submit a disclosure in February. New employees must submit a disclosure within 30 days of their start date. In addition to this requirement, employees are required to update their disclosure within **30 days** of acquiring a new interest or any changes to their existing disclosure.

Amending Disclosure: Please visit the HSC Conflicts of Interest website for instructions on how to amend a submitted disclosure form.

Help: For additional help or questions, please email the COI Office at COIHSC@ouhsc.edu .

-End-

- 1. Locate the current URL to Navex. The easiest way to locate this is through the HSC Conflicts of Interest website under the Navex Disclosure Management System tab. You can also use the link provided in the email sent to you at the beginning of February.
- **2.** You will first be prompted to select your authentication system. Select *OU/OUHSC* and click *Continue*. (See Figure 1.)
- **3.** Log into the system using your University Credentials. (See Figure 2.)

| Q | |
|---|--|
| Sign in to NAVEX SELECT AUTHENTICATION SYSTEM: OU/OUHSC NAVEX | |
| Remember selection Continue | |
| | |

Figure 1: Authentication System

Figure 2: University Login

| U U | |
|---|--|
| ONE ACCOUNT. ONE UNIVERSITY. Sign in to NAVEX Norman/HSC using your @ou.edu email or OUNetID/OUHSC User ID. | |
| @ou.edu or @ouhsc.edu Email or User ID | |
| Password | |
| Sign In | |
| Forgot password? Forgot OUNetID? | |
| Having trouble signing in? Let us help! needhelp.ou.edu | |
| Having trouble signing in? Let us help! needhelp.ou.edu | |

4. After logging into the system, click on the current COI disclosure campaign under the *View Campaign* tab. (See Figure 3.) This link will be labeled with the current year (e.g., 2025 Conflict of Interest- HSC).

<u>Important Note</u>: This page may not be visible for some users. If you cannot see the page shown in Figure 3, please proceed to the next step in this user guide.

| Conflict of Interest Disclosur v.1 | Complete My Task | Create New Version | More 🔻 |
|--|------------------|--------------------|--------|
| View Campaign Properties Wizard Overview | | Status: Started | |
| | * | | |
| 2025 Conflict of Interest - HSC | | | |
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Figure 3: Current COI Disclosure Campaign

5. The next screen will display user information that is imported from PeopleSoft. After reviewing the information for accuracy, click *Continue*. (See Figure 4.) Please contact your business administrator to correct any errors that are displayed on this page. Any errors displayed on this page will not prevent you from completing your disclosure form.

| 2025 Conflict of Interest - HSC v4 - Campaign Test | | |
|---|--|-----|
| Complete Disclosure Questionnaire | Status: Published | |
| | | |
| Before we get started | | |
| This Questionnaire will take approximately 10 minutes to complete. | | |
| This information will be submitted with your response. Please contact y | ur administrator if it is incorrect or needs updating. | |
| Responder Information | | |
| Responder Name: | | |
| Job Title: | | |
| HRID: | | |
| Email: | | |
| Manager: | | |
| On Leave: | | |
| Site Name: | | |
| Health Sciences Center | | |
| | | |
| | Contra | ide |

Figure 4: User Information

6. The *Overarching Introduction* is the first page of your disclosure form questionnaire. (See Figure 5.) Read the instructions on this page and click *Next* to continue.

Figure 5: Introduction

| Complete Disclosure Questionnaire | Status: Published |
|---|---|
| Page 1 of 12 | |
| Overarching Introductio | on |
| Instructions | |
| Please answer the screening questio advance to the next page and questio If you partially complete the question save the responses previously provid Please answer all questions complete | n for each disclosure category. In most cases, if you answer "no," you can on. If you answer "yes," the questionnaire will reveal additional questions. nnaire, log back into the system using the link in your email. The system should ded and you can continue completing the form. ely, even if you have disclosed the relationship or scenario previously. |
| Questions | |
| If you have any questions, please em If you are trying to update or make a <u>website</u> for instructions. | nail the Conflict of Interest Office at COIHSC@ouhsc.edu. A change to your submitted disclosure, please visit the <u>Conflict of Interest Office</u> |
| Thank you for supporting a strong culture University of Oklahoma. | of compliance and ethics which sustains the brand and reputation of the |
| | Next |

7. Each page of the disclosure form will consist of a topic, information about that specific topic, and an initial screening question for you to answer. (see Figure 6.)

Read the information provided and then answer the screening question. You may need to answer additional questions based on your responses.

Answer all questions that are revealed and click *Next* to continue.

Figure 6: Screening Questions

| age 2 of 12 | |
|---|--|
| Outside Employment or | Professional Activities |
| ny external professional activity or employ npaid , must be disclosed. | yment undertaken outside the University of Oklahoma, whether paid or |
| xamples of outside activity that must b rofessorships, courtesy appointments at c oards, any professional activity that may b | <u>ne disclosed include, but are not limited to:</u> Consulting, advising, adjunct other Universities, board membership, officership, speaking activity, advisory be related to your research, clinical trials, or University role. |
| xamples of outside activity not requirin eligious or social organizations, other non- | ng disclosure include, but are not limited to: Volunteer or board activity for -professional activity. |
| lave you engaged in any outside pro lan to do so in the next 12 months, i | fessional activity or employment in the last 12 months, or do you in addition to your employment at the University of Oklahoma? * |
| | |

8. Certain screening questions may have multiple responses. For example, you may have more than one Family Member working on campus who need to disclose.

In these cases, you will answer "yes" to the initial screening question (see Figure 7) and then answer the questions that are revealed.

Once all of the questions are answered, you may click *Add Another Relationship* to reveal another set of questions for the additional relationship. (See Figure 8.) You may repeat this process for each relationship you need to disclose.

When finished, click on *Next* to move to the next screening question and category.

Important Note: The remainder of the disclosure form behaves in a similar manner. For each relationship, activity, or business interest disclosed, you will have the option to add another entry at the bottom of the page.

| 2025 Conflict of Interest - HSC v4 - Campaign Test | |
|--|---|
| Complete Disclosure Questionnaire | Status: Published |
| 2025 Conflict of Interest - HSC | v4 - Campaign Test |
| Page 3 of 12 | |
| Relationships Between U | niversity of Oklahoma Employees |
| A conflict of interest may arise if a Family Me Oklahoma. | mber is employed by or is applying for employment at the University of |
| For the purposes of this Questionnaire, the to partner, parent, child, stepchild, or sibling of | erm "Family Member" is defined as any individual who is a spouse/domestic an Employee or a member of the Employee's household. |
| This type of conflict could create the appeara question your ability to make objective decisi | ance of impropriety, bias, undue influence, favoritism, or cause others to ions. |
| Working with a Family Member is not prohibition of the prohibition of the second secon | ited, but disclosure is required. Appropriate action should be taken to oided or appropriately mitigated and managed. |
| <u>Note</u> : Employees with Family Members who when the Family Member is formally hired. | are applying for employment will need to update their disclosure form |
| Do you have a Family Member as defir who is currently applying for a role at | າed above who also works for the University of Oklahoma or the University of Oklahoma? * |
| Previous | Next |

Figure 7: Multiple Responses

Figure 8: Multiple Responses

| 2025 Confi | lict of Interest - HSC v4 - Campaign Test | |
|------------|---|---|
| Complete | Disclosure Questionnaire | Status: Published |
| , O | Sibling | |
| O | Member of my household | |
| ls th | is person currently in, or being cor | isidered for, a position directly or indirectly in your reporting chain of command? \star |
| 0 | Yes | |
| ۲ | No | |
| ls th | is person currently, or going to be, | collaborating with you or a member of your department on research projects? * |
| 0 | Yes | |
| ۲ | No | |
| Are | you in a position that is responsibl | e for, or can influence decisions on hiring or compensation for this person? $^{m \star}$ |
| 0 | Yes | |
| ۲ | No | |
| Hav | e you previously disclosed this rela | tionship? * |
| 0 | Yes | |
| 0 | No | |
| | | |
| | Add Another Relationship | |
| | | |
| | Previous | Next |

9. The last page of the disclosure form is the employee acknowledgement and certification. You must read the information on this page and click *I Agree*. (See Figure 9.) Next, click on *Review* to move to the next page and submit your disclosure form.

Figure 9: Acknowledgement

| rte Disclosure Questionnaire | Status: Published |
|---|---|
| Page 12 of 12 | |
| Acknowledgement | |
| Board of Regents Individual COI Po | licy |
| I have reviewed the <u>OU Board of Reg</u> requirements. I have reviewed OU's knowing and following these standar | ents Individual COI Policy and agree to comply with its Standard of Conducts and understand that I am responsible for ds. |
| Official Disclosure | |
| As a member of the OUHSC commun the only authorized means by which interests that create or have the app that no action outside of submitting financial interest. | ity, I understand that as provided by policy, this disclosure form is I may make disclosures regarding outside activities and financial earance of creating individual conflicts of interest. I understand a disclosure form can result in approval of an outside activity or |
| PHS Financial Conflict of Interest | |
| I certify that I will follow the PHS Fina | ncial Conflict of Interest (FCOI) regulations, <u>42 CFR 50 Subpart F</u> . |
| Compliance Reporting Options | |
| l understand that if l have complianc report these using any of the options | e related concerns, questions, violations, or issues to report, l can s below: |
| <u>Supervisor or COI Office</u>: I can r or to the COI Office via email to COI Office will be handled in a c <u>Compliance Helpline</u>: I can cont toll-free, at 1-866-836-3150. <u>OU Report It!</u>: I can report anon | eport concerns, questions, violations, or issues to my supervisor, : COIHSC@ouhsc.edu. All reports made to supervisors and to the :onfidential manner. :act the 24-hour anonymous Confidential Compliance Helpline, symously online via the OU Report It! hotline. <u>Link to OU Report It!</u> |
| Declaration of Disclosure | |
| By checking the box below, I certify a and complete. I will amend this discle a new conflict of interest of commitm substantively change this disclosure | nd agree that the information I have provided is true, accurate, osure form within 30 days of any changes that may: (a) give rise to nent, (b) eliminate a conflict previously disclosed, or (c) or any related COI Management Plan. |
| 1 agree | |
| Previous | Review |
| | |

10. This page displays a summary of the content included on your COI disclosure. (See Figure 10.)

| 25 Conflict of Interest - HSC v4 - Campaign Test mplete Disclosure Questionnaire | Status: Published |
|---|--|
| lick the Submit button at the end of th | is page to complete your response |
| Response Information | |
| Questionnaire Name: 2025 Conflict of Interest - HSC v4 - Campaign Test | |
| Date Started: 2025-01-27 04:42:15 PM | |
| Responder Information | |
| Responder Name: | |
| ob Title: | |
| IRID: | |
| mail: | |
| Manager: | |
| On Leave: | |
| site Name: Health Sciences Center | |
| Outside Employment or Professional Activities | |
| lave you engaged in any outside professional activity or employment in Iniversity of Oklahoma? | the last 12 months, or do you plan to do so in the next 12 months, in addition to your employment at the |
| 10 | |
| Relationships Between University of Oklahoma Employees | |
| o you have a Family Member as defined above who also works for the U | niversity of Oklahoma or who is currently applying for a role at the University of Oklahoma? |
| No | |

Figure 10: Disclosure Summary

11. You must click *Submit* to officially complete your COI disclosure. (See Figure 11.) You also can click *Return to Questionnaire* to return to your disclosure form and amend your responses.

| Malign Foreign Talent Recruit Program | |
|--|--|
| n response to the requirements of Section 10632 of the CHIPS and Science Act of 2022, are you participating in a Malign Fo | reign Talent Recruitment Program (MFTRP) as defined above? |
| 0 | |
| Gifts & Entertainment - Received | |
| lave you (as an individual or on behalf of your department) or your Family Member(s) accepted a gift as defined above? | |
| es | |
| /ho received this gift? | |
| elationship to you. | |
| escription of the gift received by you or your Family Member. | |
| elationship of the gift provider to the University. | |
| otal dollar value of the gift(s). | _ |
| lease select all job functions that apply to you or your Family Member as it relates to the gift provider. | |
| | Return to Questionnaire |
| | Recurrico Quescionnaire |

Figure 11: Disclosure Summary and Submit Button

12. Once you have submitted your COI disclosure form, you will see a confirmation message. (See Figure 12.)

Figure 12: Confirmation

| 2025 Conflict of Interest - HSC v4 - Campaign Test | |
|--|---|
| Complete Disclosure Questionnaire | Status: Published |
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| | |
| | Thank you for completing the questionnaire! |
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