



UNIVERSITY HOSPITAL
Newark, New Jersey

New Jersey State Ethics Commission
Outside Activity Questionnaire (OAQ)

Name:		Title:	
Email Address:		University Hospital ID:	
Department:		Division:	
Unit:	Phone:	Fax:	
Work Address:			
<input type="checkbox"/> Staff <input type="checkbox"/> Housestaff Note: There is no malpractice coverage from University Hospital for outside employment.			
Job Duties:			
1. Are you currently engaged in any business, trade, profession and/or part-time or full-time employment outside of or in addition to your State employment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If yes, you must answer question 2. If no skip to question 3.	
2. Name of Outside Employer(s) or Business(es):			
Please Indicate if you are an owner <input type="checkbox"/> , partner <input type="checkbox"/> , or corporate officer <input type="checkbox"/>			
Address:			
Type of Business:			
Describe responsibilities:			
Outside Employment (Please specify):			
Days worked per week:	Hours worked per week:	Hours Worked per day:	
Period of Outside Employment: From:		To:	
Is your employment or business being performed for or with any other Department employee or official?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, Name of employee or official:			
Title of employee of official:			
Does your outside employment or business require/cause you to have contacts with other NJ State agencies, vendors, consultants or casino license holders?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain:			
3. Do you hold a license issued by an agency of any State that entitles you to engage in a particular business, profession, trade or occupation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, type of license:	
If yes, license number:	
If applicable, CDS registration number:	
When was license issued:	Active <input type="checkbox"/> Inactive <input type="checkbox"/>
4. Do you currently hold or plan to hold outside voluntary position(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, fill out information on the last page this form for each voluntary position.</i>	
5. Are you an officer in any professional organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, fill out information on the last page of this form for each professional organization.</i>	
6. Are you serving in any public office, or considering appointment or election to any public office	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the type of elective/appointive position?	
What are your duties?	
7. Are any members of your immediate family employed by or, through partnership or corporate office, hold an interest in any firm performing any services for the State of New Jersey or directly or indirectly receiving funding from the State?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Member's name:	
Nature of Employment:	
8. Are any members of your immediate family employed by New Jersey casino or an applicant for a NJ casino license?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Member's Name:	
Relationship:	
Name of Casino:	
I have read and understand University Hospital's policies on Code of Ethics and Outside Activity. I attest that the information provided is true.	
Signature of Employee:	Date:
Signature of Supervisor:	Date:
Supervisor Printed Name:	

Forms must be sent via hard copy, scanned to email, or faxed to (973) 972-0005:

Chassidy Woods-Nesmith, CHC, CHPC, CCEP
Senior Compliance Specialist/Ethics Liaison Officer
Office of Ethics and Compliance
Email: woodscl@uhnj.org
Phone: (973) 972-1101
Fax: (973) 972-0005

Ethics Liaison Officer (check one): Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
If disapproved, comments and/or reason:	
Signature of Ethics Liaison Officer:	Date:

Outside Voluntary/ Professional Position Disclosure	
1. Organization:	
Title:	
Explanation of Duties:	
2. Organization:	
Title:	
Explanation of Duties:	
3. Organization:	
Title:	
Explanation of Duties:	
4. Organization:	
Title:	
Explanation of Duties:	
5. Organization:	
Title:	
Explanation of Duties:	

Additional Outside Employment Disclosure

Name of Outside Employer(s) or Business(es):

Please Indicate if you are an owner , partner , or corporate officer .

Address:

Type of Business:

Describe responsibilities:

Outside Employment (Please specify):

Days worked per week:

Hours worked per week:

Hours Worked per day:

Period of Outside Employment: From:

To:

Is your employment or business being performed for or with any other

Yes

No

Department employee or official?

If yes, Name of employee or official:

Title of employee of official:

Does your outside employment or business require/cause you to have contacts with other NJ State agencies, vendors, consultants or casino license holders?

Yes

No

If yes, explain: