



# UNIVERSITY HOSPITAL

Newark, New Jersey

## Request For Approval For Attendance At Events

Name\*:

Title\*:

Department/Unit\*:

Email\*:

Phone number\*:

Fax number:

University Hospital ID\*: A

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**Note:** This form is intended to be completed by employees attending events in relation to their official duties at UH. If you are participating in any activities, events or employment outside of your official duties at UH and/or if you have agreement/contract with the sponsor of the event, then you probably should be completing an **Outside Activity Questionnaire** instead.

Supervisor's Email Address\*:

Are you involved in the conduct of research?\* Yes  No

### Event Information

Name of Event\*:

Location\*:

Reason for Attendance\*:

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Date from\*:

Date to\*:

Sponsor\*:

Do you have an agreement/contract with the sponsor\*? Yes  No

Is the sponsor an "Interested party"?\* Yes  No

*(An Interested Party is any individual or entity doing business with, or could potentially do business with University Hospital)*

Are you a speaker, panel participant or resource person?\* Yes  No

Do you present, plan, or review continuing medical education? Yes  No

Is the sponsor an agency of the federal government, one or more other states or a political subdivision thereof?\* Yes  No

Is the sponsor a nonprofit organization?\* Yes  No

Does the nonprofit organization have any contracts with the State?\* Yes  No

Overnight accommodations required?\* Yes  No

Out-of-state travel required?\* Yes  No

Estimated total cost\*? \$ \_\_\_\_\_

Breakdown of Cost:

Transportation\* \$

Meals\*\$

Accommodations\* \$

Registration Fees\*\$

University Hospital to pay associated costs?\* Yes  No

Sponsor to pay associated costs?\* Yes  No

Employee to pay associated cost? \*Yes  No

Other person or entity to pay costs?\* Yes  No  If yes, indicate below:

Will sponsor offer an honorarium or fee\*? Yes  No

Check\*:  Copy of invitation letter attached.

Copy of agenda or other description of event attached.

All questions with asterisk (\*) must be answered.

_____ Employee Signature*	_____ Date*
_____ Supervisor's Signature and Approval*	_____ Date*

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

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

*Note: Any substitutions or changes of circumstances must be reported to your ELO.*

<b>***SPACE BELOW FOR ELO USE ONLY***</b>	
Attendance approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Note: Acceptance of honoraria or fees is not permitted.</i>	
Conditions:	
Signature _____	Date _____
Ethics Liaison Officer	

Sponsor is an interested party and employee will be accepting event benefits as a speaker, panelist or resource person. A copy of form will be forwarded to the State Ethics Commission pursuant of N.J.A.C. 19:61-6.4(f)