



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 _____

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*:

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:

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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: Thomas M. Walsh, Jr., CPA, CFE, CHC, HCISPP
Compliance, Privacy and Ethics Manager/Ethics Liaison Officer
Office of Ethics and Compliance
Email: walsht1@uhnj.org
Phone: (973) 972-9078
Fax: (973) 972-0005

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

SPACE BELOW FOR ELO USE ONLY	
Attendance approval?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Note: Acceptance of honoraria or fees is not permitted.</i>	
Conditions:	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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)