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**Trainee Attestation**

**CMP R**XXX

**Project Name:**

**Conflicted Party(ies):**

**Industry Sponsor/Startup:**

**Trainee Advocate:**

**Name of Trainee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Undergraduate, Graduate, or Postdoctoral (circle one)

I am aware that a conflict of interest exists for the conflicted parties named above, and I have been

assigned a trainee advocate to protect my academic freedom on this project. I understand that if any of

the following situations arise during the course of the study, I should discuss concerns with my

trainee advocate:

* Concerns about the appropriateness of my assignments on this project.
* Concerns about coercion or undue pressure by Conflicted Parties on this project.
* Concerns about requests to revise, delete or omit data on this project by Conflicted Parties.
* Concerns about timeliness of trainee publications

I understand that publications and presentations resulting from projects involving Industry Sponsor/Startup with conflicted individuals listed as authors must contain appropriate language to reveal the conflicted party’s relationship with the sponsor.

**Trainee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_**

If the trainee has any concerns on the project related to the conflict of interest, the Trainee Advocate must notify the COI Office immediately.

**Trainee Advocate’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_**