**UCF College of Medicine**

**Industry Relations**

**Outside Arrangement Summary Sheet**

This summary sheet documents the terms and approvals of all outside arrangements with Industry in accordance with Section 3.2 of the COM Industry Relations Policy.

Name of COM Personnel: Click here to enter text.

Name of Industry/Company: Click here to enter text.

Specify Type of Arrangement: Choose an item.

If other, please specify: Click here to enter text.

Beginning Date of Arrangement: Click here to enter text.

Ending Date of Arrangement: Click here to enter text.

Scope of Services: Click here to enter text.

Liability Coverage (select one of the following):

College of Medicine Self Insurance Program (contract must be with UCF COM)

Individual (personal) Professional Liability Coverage

Please provide name of company and policy limits: Click here to enter text.

Not Applicable

Time Commitment: Click here to enter text.

Compensation Fair Market Value Terms (please provide explanation of how compensation amount was determined. It must be reflective of time/effort and/or consistent with customary payment for similar services): Click here to enter text.

Certification by COM Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter text.

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| **Approved by Supervisor**  Name: Click here to enter text.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: Click here to enter text.  Date: Click here to enter text. |
| **Approved by**: Choose an item.    Name: Click here to enter text.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: Click here to enter text.  Date: Click here to enter text. |

Please furnish a copy of this completed form with approval signatures to COM Compliance prior to the start of the arrangement.