



School of Pharmacy, University of Maryland

REQUEST FOR AUTHORIZATION FOR FACULTY CONSULTING (paid or unpaid)

Faculty Name/Dept: _____ Date of Request: _____

List each entity with which you plan on consulting below:
For **nature of consulting**, enter the letter corresponding to the following:

- A - Lecture or CE Program
- B - Practice
- C - Speaker Bureau
- D - Industry or Corporate Consultation
- E - Expert Witness
- F - Advisory Board
- G - Governmental*
- H - Other (please describe)

| Company, Agency, Organization or Professional Society | Nature of Consulting | Estimated Dates or Number of Hours to be Worked | Do you have existing UM or UM Foundation grant or contract with this entity? |
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Would consulting represent a Conflict of Interest? Yes/No. If Yes, explain _____

**If agency is a local government, state or federal agency and consultation is paid, permission from the Dean's Office is necessary.*

___ Approved ___ Disapproved **Department Chair Signature:** _____ **Date:** _____

___ Approved ___ Disapproved **Dean Signature:** _____ **Date:** _____