

# EXAMPLE

## REQUEST FOR APPROVAL OF OUTSIDE ACTIVITY\*

(Ref.: HHS Supplemental Standards of Ethical Conduct Regulations)

- Initial Request  
 Revised Request  
 Renewal

1. NAME (Last, First, Initial)		2. ORGANIZATIONAL LOCATION (Operating Division, Bureau, Division)  NIH,	
3. TITLE OF POSITION		4. GRADE AND SALARY (Federal)	
5. *NAME, ADDRESS AND BUSINESS ADDRESS OF PERSON OR ORGANIZATION FOR WHOM OUTSIDE SERVICES WILL BE PERFORMED		6. LOCATION WHERE SERVICES WILL BE PERFORMED	
7. NATURE OF ACTIVITY (Indicate type of activity, e.g., teaching, consultative services, and give full description of specific duties or services to be performed. Specify, when possible, the scheduled days of week and hours of day proposed activity will be performed)			
8. ESTIMATED TIME INVOLVED			
a. PERIOD COVERED		b. ESTIMATED TOTAL TIME DEVOTED TO ACTIVITY (If on a continuing basis, give estimated time per year)	
FROM		TO	
c. WILL WORK BE PERFORMED ENTIRELY OUTSIDE USUAL WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO, INDICATE ESTIMATED NUMBER OF HOURS OR DAYS OF ABSENCE FROM WORK			
9. DO YOUR OFFICIAL DUTIES RELATE IN ANY WAY TO THE PROPOSED ACTIVITY? <input type="checkbox"/> NO <input type="checkbox"/> YES (Describe)			
10. *IF PROVIDING CONSULTATIVE OR PROFESSIONAL SERVICES, ARE YOUR WOULD-BE ASSOCIATES RECEIVING OR WILL THEY SEEK, A GRANT OR CONTRACT FROM A FEDERAL AGENCY? <input type="checkbox"/> NO <input type="checkbox"/> YES (Describe)			
11. METHOD OR BASIS OF COMPENSATION <input type="checkbox"/> FEE <input type="checkbox"/> HONORARIUM <input type="checkbox"/> PER DIEM <input type="checkbox"/> PER ANNUM <input type="checkbox"/> ROYALTY <input type="checkbox"/> EXPENSES <input type="checkbox"/> OTHER (Specify)		12. WILL COMPENSATION BE DERIVED FROM A HHS GRANT OR CONTRACT? <input type="checkbox"/> NO <input type="checkbox"/> YES (Describe)	
13. This request is made with full knowledge of department and operating division policy and procedures on outside activities. The statements I have made are true, complete and correct to the best of my knowledge and belief.			
14. SIGNATURE OF EMPLOYEE		15. DATE	16. ADDITIONAL INFORMATION ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
17. ACTION RECOMMENDED BY REVIEWING OFFICIAL			
a. APPROVAL  DISAPPROVAL	b. SIGNATURE	c. TITLE	d. DATE
18. ACTION TAKEN			
a. APPROVAL  DISAPPROVAL	b. SIGNATURE	c. TITLE	d. DATE

\*See reverse of form (INSTRUCTIONS ON BACK OF FORM)  
HHS 520 (1/82)

## INSTRUCTIONS

- \* Item 5 – Self Employment: If applicable, indicate self-employment, the type of service (medical, legal, etc.), whether alone or with partners, giving their names, and, if providing professional services to a large number of clients or patients, estimate the total number of rather than listing them separately.
  - \* Item 10 – Federal Grants or Contracts Involved: Describe the Federal grants or contracts (type, granting or contracting department, etc.). Full details must be provided on any aspect of professional and consultative services which involved, directly or indirectly, the preparation of grant applications, contract proposals, program reports, and other material which are designed to become the subject of dealings between institutions and government units and the Federal Government.
  - \* Item 16 – Attachments: Be sure to sign copies of all attachments submitted.
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- \* Item 17 – COMMENTS OF REVIEWING OFFICIAL

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- \* Item 18 – REASON FOR DISAPPROVAL

**NATIONAL INSTITUTES OF HEALTH**  
Supplemental Information to the HHS Form 520

Employee Name:

Position Title:

Organizational Location:

(Include IC, division, laboratory, branch, etc.)

1. Brief description of employee's official duties. In addition, attach a copy of the position description or billet.
  
2. Brief description of the outside activity.
  
3. Explain how the proposed outside activity is different from the scientific activities performed as part of your official duties.
  
4. A. For intramural employees, is the outside organization a recipient or potential recipient of any grants or contracts from your laboratory/branch?  
  
 No  Yes (If yes, describe)  
  
Is the outside organization a recipient of (or in the process of negotiating) any direct or indirect collaborative agreements or Cooperative Research and Development Agreements (CRADA) with your laboratory/branch?  
  
 No  Yes (If yes, describe)  
  
Is there any direct or indirect support of staff, guest researchers, or other individuals in your laboratory/branch?  
  
 No  Yes (If yes, describe)
  
- B. For extramural employees, is the outside organization a recipient or potential recipient of any grants or contracts from NIH?  
  
 No  Yes (If yes, describe)

5. If consulting with a law firm, do you have any financial associations with the client (or potential beneficiary) in the matter for which you propose to consult?

No  Yes (If yes, describe)

The following questions must be completed for outside activities with for-profit organizations. (If the answer to any question is YES, attach a separate sheet providing additional information on the item.)

6. Have you ever been denied approval for this outside activity?

Yes  No

7. Do you or any member of your family own stock, have stock options, or any other financial interest in the organization for which you propose to work?

Yes  No

8. As a part of your official responsibilities, have you made procurement or financial decisions, or are there any pending decisions that you will have to make, which will affect the business prospects of your proposed employer?

Yes  No

9. Have you worked, are you working, or do you anticipate working with a product of the company? If so, please describe on an attached sheet.

Yes  No

10. Are there any circumstances that you are aware of, associated with either the initiator of the request for outside activity or the prospective outside employer, which might create a real or apparent conflict of interest if this proposed activity is approved?

Yes  No

**Supplement to Form HHS-520,  
"Request for Approval of Outside Activity"**

**Instructions:**

Use this supplement with Form HHS-520 for all compensated activities except writing and editing or service on boards or committees.

Initiate Form HHS-520 far enough in advance of the activity so that it reaches the IC Deputy Ethics Counselor in sufficient time for approval prior to the date of the activity.

Complete Part A. Complete Parts B, C and/or D when applicable. Submit this form with Form HHS-520.

Standards of Ethical Conduct for Employees of the Executive Branch and NIH Manual Chapter 2300-735-4 contain the rules and regulations pertaining to outside activities

**Part A - General Information**

Name (Last, first, middle initial)	Organization Location NIH,	Grade and Salary /
Title of Position	Type of Activity	
Name of Outside Organization	<input type="checkbox"/> Teaching/Lecturing <input type="checkbox"/> Consulting	<input type="checkbox"/> Consulting with Law Firm <input type="checkbox"/> Clinical/Private Practice

**Part B - Employment Agreement for Consulting**

This contract relates to consulting work proposed by an Outside Employer and the Employee, identified herein as the Consultant.

The following items are agreed to by both the Outside Employer and the Consultant:

- The proposed work will not interfere in any way with the Consultant's responsibilities at the NIH and will be performed only on non-duty time, annual leave, or leave without pay.
- The Consultant will not disclose to the Outside Employer any information derived from work at the NIH until it has been disclosed publicly, either in a written publication, or in an oral presentation at a lecture or meeting open to the public or publicly announced.
- Consultation will relate only to the general knowledge and expertise of the Consultant, and may be performed on an ongoing basis; however, all information concerning NIH research shall be provided on a non-exclusive basis. Any and all agreements for exclusive consultation are prohibited.

- The Outside Employer will have no proprietary interest in any work that the Consultant has done or will do at the NIH.
- Notwithstanding any other provision in the agreement, the Consultant shall not be restricted from reporting an invention made by the Consultant (whether alone or jointly) to the Department of Health and Human Services (HHS) as required by Federal regulations in 45 C. F. R. Part 7,\* nor shall anything in the Contract restrict or preclude the ability of HHS to ascertain its rights in such an invention.
- The Outside Employer will not refer to the Consultant or to an affiliation with NIH in anything distributed for publicity or product promotion.
- This Consulting agreement shall become effective the date of NIH approval of the Consultant's participation in this Outside Activity.

\* These regulations require the reporting of any invention made by a HHS employee that bears any relation to his/her official duties, or that was made in whole or in part during working hours, or with any contribution of Government facilities, equipment, material, funds, or information or of time or services of other Government employees on official duty.

Approval by Outside Employer: Signature of Designated Official	Date
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Typed Name of Designated Official	Position in Organization
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Phone No.	Address
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**Part C—Employment Agreement for Testimony/Legal Consultation or Private Law Practice**

In providing testimony in private litigation and/or consultation with the company or law firm shown in Part A, I agree to comply with the following guidelines in accordance with NIH Manual 2300-735-4:

1. No NIH information or data will be used that has not yet been published.
2. No present or former NIH patient names or records will be used.
3. If I am requested to review a case involving any present or former NIH patient, I will disqualify myself.
4. Any opinion rendered will be my own personal opinion and not that of NIH or the Department.
5. The subject of the litigation is not controversial and is not likely to become controversial in the future, and
6. No activity will be approved when there is a financial and/or business association between the employee's official duties and either the company or law firm or the parties involved in the litigation.
7. The outside practice cannot involve compensated or uncompensated representational services before any Federal department, agency, or court in which the United States is a party or has a direct and substantial interest. For example, the attorney could not represent a client in a criminal case if the litigation is brought by the U.S. Attorney's Office. Providing tax advice or preparing a tax return are not considered representational

services. However, if the IRS decided to audit that return, the attorney is prohibited from representing the client in the IRS audit.

8. The attorney cannot receive compensation as a result of anyone else's representation of a client in a matter before a Federal agency or court (e.g., law partner).
9. The attorney cannot establish an attorney-client relationship in an outside professional practice with a current or recent former NIH employee.
10. The attorney agrees that client support, including telephone calls, will not be provided during working hours at NIH and that arrangements have been made for coverage of emergencies and other activities with clients while on duty.
11. The attorney cannot receive a fee for consulting with another attorney if that attorney's client is a current or recent former NIH employee.
12. The attorney cannot represent a client in matters in which the employee has participated personally and substantially as a Government employee.

NOTE: The attorney may represent his or her parents, spouse, child, or any person for whom, or for any estate for which, he or she is serving as guardian, executor, administrator, trustee, or other personal fiduciary if the attorney obtains additional approval by the Government official responsible for his or her appointment.

Employee's Signature

Date

**Part D -- Employment Agreement for Outside Professional Health Care Practice**

In providing outside professional practice with arrangements with the organization named above for coverage for emergencies and activities with patients while I am on duty at NIH.

I agree to comply with the following guidelines in accordance with NIH Manual 2300-735-4:

1. I will never knowingly establish a health care provider-patient relationship in outside professional practice with any current or recently discharged NIH patient.
2. If I have final responsibility for the admission of patients to the Clinical Center, I acknowledge that I may not receive a fee for service as a consultant to another physician where the condition of the patient would appear to make the patient eligible for Clinical Center admission in an area currently supervised by me.
3. I certify that I will comply with NIH regulations relating to Outside Work and Activities, as defined in Manual Issuance 2300-735-4.

4. I certify that patient support provided by me will not be done during my official NIH working hours and that I have made arrangements with the organization named above for coverage for emergencies and activities with patients while I am on duty at NIH.
5. I certify that I will not have patient contact under this outside activity, including telephone calls, during my official NIH working hours. The organization named above is aware of this condition and has made other arrangements for patient contacts.
6. I certify that this activity will be conducted under the conditions that NIH patients will not be referred to the private practice of an NIH employee, nor from such practice to the NIH, and that patients will be informed in advance of this policy.
7. I certify that the outside activity is of such a nature that it will not interfere with my ability to perform fully my NIH duties. I further certify that I do not have, nor anticipate having, any official dealing (e.g., contract, CRADA, or other official duty) with the outside organization.

Employee's Signature

Date

I concur that to the best of my knowledge this activity represents no conflict of interest or conflict of commitment between the conduct of the outside professional practice and the interests of NIH.

Signature of IC Deputy Ethics Counselor

Date