

**UNIVERSITY OF KENTUCKY
COLLEGE OF PHARMACY**

**REPORT OF OUTSIDE EARNINGS (CONSULTING AND HONORARIA)
FROM EXTRAMURAL ACTIVITIES**

University Regulations requires Chancellor Holsinger to report extramural earnings quarterly. Your cooperation in completing the following form will supply necessary information from this College. Please return the completed form to Shana Hall.

Faculty Name: _____ Date: _____

Consulting Activity for Quarterly Period: _____

Type of Earnings: (1) Editorial; (2) Consulting; (3) Seminar; (4) Honoraria

	Company or Institution	Days Spent	Type	Earnings
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Nature of Activity:

I hereby certify that the information above is true and accurate to the best of my ability.

Signature of Faculty Member: _____