

**PhD External Examiner Conflict of Interest Checklist Form  
Faculty of Medicine & Dentistry**

**Student:**  
**Supervisor:**

**Department:**  
**Proposed Examiner Name:**

**Supervisor checklist**

YES    NO

1. I have collaborated with the proposed external examiner within the last 6 years (includes publications, grants or submission of grant applications). If yes, please describe the nature of the collaboration:
  
2. I have been supervised by the proposed external examiner in the past 6 years.
3. I supervised the proposed external examiner in the past 6 years.
4. I have a personal or familial relationship with the proposed external examiner.
5. I have a business, commercial or financial relationship with the proposed external examiner.
6. I have engaged in activities with the proposed external examiner that could be interpreted as a conflict of interest. If you answer yes, please explain.

Signature of Supervisor: \_\_\_\_\_

**Student checklist**

YES    NO

1. I have collaborated with the proposed external examiner within the last 6 years. If yes, please describe the nature of the collaboration.
  
2. I have been supervised by the proposed external examiner within the past 10 years.
3. I have a personal or familial relationship with the proposed external examiner.
4. I have a business, commercial or financial relationship with the proposed external examiner.
5. I have engaged in, or intend to engage in, discussions with the proposed external examiner regarding future supervision or employment.
6. I have engaged in activities with the proposed external examiner that could be interpreted as a conflict of interest. If you answer yes, please explain.

Signature of Student: \_\_\_\_\_

If the answer is yes for questions 2-5 above for either the supervisor or student, the proposed external examiner is not at arm's length and cannot be approved as the external. For questions 1 and 6, it will depend on the nature of the response.