



# Annual Certification with no Category I Activities

(for faculty who engaged in Cat 2 & 3 OPA that did NOT require prior approval)

## Basics

- **Compliance with APM 671:** Faculty are responsible for submitting annual reports of all Category I and II activities and compensation earned from such activities (or the lack thereof) to the Department Chair. [APM 671-6-b-(6)]
- **Pending Approval Forms:** You will not be able to complete the annual certification *if* you have prior-approval forms (e.g., exceed threshold, student involvement) that are pending approval or payments that are due the Plan.

## Getting Started

1. **Log into OATS:** Log into OATS using MyAccess: OATS will be listed as an application you can select; clicking on the application name will open a new browser and take you directly into the OATS system.

2. **Click on the purple Annual Certification button.**

SUMMARY

Earnings Reported: \$20,000  
Owed To Plan: \$0  
Paid To Plan: \$0

TIME

40 hr  
Time Threshold: 384 hr

Fiscal Year: < 2019 - 2020 > ACTIONS: Enter an Activity Copy Activity Annual Certification 2019

3. If you haven't entered any outside professional activities (OPA) in OATS, this section will be empty. Please enter all Category II activities in which you have engaged during the reporting period. (Click [here](#) for detailed instructions on entering activities.

## Outside Professional Activities

4. Once activities have been entered into OATS, you will see the list of your activities here. Review and confirm the list of reported activities is accurate. Once confirmed, **click the purple Certify Activities button.**

Annual Certification for 2019 - 2020

ANNUAL CERTIFICATION DETAILS

Activities **Certify Activities** You are about to certify reported activities for the fiscal year 2019 - 2020

Activity Label	Organization Type	Organization Name	Activity Type(s) / Role(s)	Student Involvement
Consulting for Test Company	For Profit	Test Company	Consulting for for-profit entity (Cat. 2)	No

Income #	Type	Check/Transaction # / Number of Shares	# of Reported Hours	\$ Amount
314802	Cash (Check/EFT)		20.00	\$10,000
314799	Cash (Check/EFT)		20.00	\$10,000

Total # Hours: 40.0 Total Income:

## Certification

5. **Enter your initials** in the text box in the popup window to certify your compliance with the Health Sciences Compensation Plan.

Certify Activities for Fiscal Year 2017 - 2018

I certify that I have complied with the provisions of the University of California Health Sciences Compensation Plan, the School of Medicine Health Science Compensation Plan Implementing Procedures, and my department's bylaws for the Plan regarding limitations on the retention of earnings and the time spent in outside professional activities.

Enter your initials to certify:

Submit Close

6. **Click the green Submit button** to submit the annual certification.

**You have completed the Annual Certification Process!**