

DSDIF

Delta Sigma Delta International Fraternity

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS AND CONFLICTS OF INTEREST

Relevant Financial Relationships

For a person involved in the planning, administering or presentation of a continuing dental education activity, ADA CERP considers relevant financial relationships to be financial relationships in any amount, occurring in the last 12 months, that are relevant to the content of the CDE activity and that may create a conflict of interest. ADA CERP considers relevant financial relationships of the person involved in the CDE activity to include financial relationships of a family member.

Relevant financial relationships must be disclosed to participants in CDE activities *in writing*.

Conflicts of interest

ADA CERP considers that a conflict of interest may exist when an individual has an opportunity to affect the content of continuing dental education activities regarding products or services of a commercial interest with which he/she has a financial relationship.

DISCLOSURE: (check one box below and complete as appropriate)

I, the undersigned, declare that neither I nor any member of my family have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program, nor do I have a financial interest in any commercial product(s) or service(s) I will discuss in the presentation.

OR

I, the undersigned, (or an immediate family member), have a financial interest/arrangement or affiliation with the corporate organization offering financial support or grant monies for this continuing dental education program, or I do have a financial interest in any commercial product(s) or services I will discuss in the presentation.

Having an interest in or an affiliation with a corporate organization does not necessarily prevent you from making a presentation, but the relationship must be made known to the audience. Failure to disclose or a false disclosure will require DSDIF to remove you from the program and to identify a replacement for your participation.

Financial Relationship Company Name

Grants/research support _____

Consultant _____

Stock Shareholder _____

Governance _____

Honorarium _____

Employee _____

Other financial or material support _____

Describe nature of relationship: _____

Signature:

Name (printed)

Signature

Desmos Seminar Dean Signature