

**[District Name] Continuing Education Programs**

**Exhibit A: Conflict of Interest Declaration**

A "Conflict of Interest" shall mean the existence or occurrence of any fact or circumstance that could reasonably be expected to, or does, cause the Presentation to be presented in a way that is intended to benefit the Speaker or a third party improperly. Without limiting the foregoing, examples of Conflicts of Interest include:

- a. the Speaker's or any member of the Speaker's family receiving any amounts or any items of value (including free or discounted goods or services, trips, textbooks, etc.) in connection with the Presentation, other than pursuant to the Agreement,
- b. the Speaker's or a member of Speaker's family being affiliated with, or having a financial interest in, any organization(s) that may be co-sponsoring a course or that has a financial interest in the subject matter of the Presentation or
- c. the Speaker's or any member of the Speaker's family having a direct or indirect financial interest in any products or services that are discussed or featured in the Presentation.

The intent of this policy is not to prevent the Speaker with an affiliation or financial interest in an organization from making a Presentation. It is rather intended that any such organization shall not benefit from the Presentation, and that any potential Conflict of Interest be identified openly so that [District Name] and the attendees have full disclosure of such facts and may form their own judgments about the Presentation and whether to attend the Presentation.

**Declaration**

I, the undersigned, declare that no Conflict of Interest exists with respect to the Presentation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

**Declaration**

I, the undersigned, declare that no Conflict of Interest exists with respect to the Presentation, except to the extent described below or on a separate page that I have attached to the Agreement.

**AND**

I hereby declare that I have set forth below (or on an attached page) a complete list of

- a. all of my commercial affiliations (including employers, entities to which I serve or have served in the last three years as a consultant and entities in which I have a direct or indirect financial or equity interest)
- b. all grants and research support that I am currently receiving
- c. all honorariums and similar funding that I am currently receiving
- d. all other dental-industry related sources of income that I have and
- e. all free products and other discounts that I receive that are not generally available to dental practices.

Nature of Financial Relationship	Name of Company
Affiliation/Financial Interest	
Grants/Research Support	
Consultant/Employer	
Stock Shareholder (directly purchased)	
Honorarium	
Other Financial or Material Support (i.e., free or discounted product as indicated above)	
Dental-industry related sources of income (i.e., free or discounted product as indicated above)	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_