

AMERICAN DENTAL ASSOCIATION  
CONFLICT OF INTEREST STATEMENT

Individuals who serve in elective, appointive or employed offices or positions for the American Dental Association (ADA) do so in a representative or fiduciary capacity that requires undivided loyalty to the Association. At all times while serving in such offices or positions, all such individuals must act in the interests of the Association and must avoid situations in which personal or professional interests may conflict with their ability to do so. It is important that such individuals never use their office or position for financial or other personal gain or advantage, and that they promptly disclose any potential conflict that would adversely affect their ability to exercise their judgment in favor of the ADA.

While serving in any elective, appointive or employed office or position, the individual shall comply with the conflict of interest policy applicable to his or her office or position, shall complete and file a conflict of interest statement for each year of service, and shall promptly report any situation in which a potential conflict of interest may arise.

**Instructions:** Please complete the questions below to best of your knowledge.

Definitions. As used in this form:

"ADA" means the American Dental Association and its subsidiaries and affiliates.

"Material Financial Interest" means (i) an ownership interest of 5% or more in any corporation, partnership, limited liability company, or similar entity; (ii) a compensation arrangement (including direct and indirect remuneration) such as salary, fees, commissions, honoraria, royalties, gifts or other financial remuneration or benefits; and (iii) any other financial interest which contributes materially to the individual's income.

"Position of Substantial Participation" means a position as (i) owner, managing partner, director, trustee, officer, committee member or similar office of leadership; or (ii) a key employee, consultant, or agent.

"Family" means spouse, domestic partner, parents, children (including adopted children), siblings, or any other relation whose financial status might impact the individual.

Questions:

1. Do you or any member of your Family hold, or anticipate holding within the next 12 months, a Material Financial Interest in a business, activity or organization which engages or intends to engage in any transactions or arrangements with ADA, or which competes or may compete with ADA's business, relationships or activities (including competition for grants or donations)?

Yes  No

2. Do you or any member of your Family serve in a Position of Substantial Participation in any organization that (i) may have conflicting views, or take contrary positions, to those held by ADA; or (ii) may compromise your ability to make unbiased and impartial decisions on behalf of the ADA, may restrict your independent judgment, or may impair your objectivity when evaluating ADA policies, issues, programs, activities, or other matters?

Yes No

3. Do you currently hold, or do you anticipate holding within the next 12 months, any faculty appointments?

Yes No

4. Is there any other relationship, activity or interest not disclosed above that ADA should be aware of?

Yes No

If you answered "yes", to any of the above, please explain below or attach a separate sheet.

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Please attach a copy of your curriculum vitae or biography.

I have read the ADA Conflict of Interest Policy contained in Chapter VI of the ADA Bylaws and understand that I have a continuing responsibility to comply with such policy. I further understand that I am required to promptly disclose any conflict of interest that might arise, as well as any material changes to the answers I have provided in this Conflict of Interest Statement. The facts set forth herein are true and accurate to the best of my knowledge. I am currently unaware of any conflicts of interest that would preclude me from serving in the capacity for ADA for which I have been selected.

Signature: \_\_\_\_\_

Name (Please Type or Print) \_\_\_\_\_

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