



CONFLICT OF INTEREST DECLARATION

It is the policy of Meharry Medical College School of Dentistry Continuing Dental Education Program that all practice-related speakers at any program sponsored by Meharry Medical College School of Dentistry shall complete a conflict of interest statement regarding any interest in a company or a product related to the program as a part of the Speaker's Agreement with the Meharry Medical College School of Dentistry. Further, any portion of the following information can be shared with the membership and/or attendees to gain perspective of the program.

In accordance with this policy, I, _____ declare that I have no proprietary, financial or other personal interest of any nature or kind in any product, service and/or company that will be discussed or considered during the proposed program, except the following:

I declare that I have no proprietary financial or other personal interest of any nature or kind in any firm beneficially associated with any product and/or service that will be discussed or considered during the proposed program, except the following:

I declare that I have no past or present financial interest, consulting position or other involvement of any nature or kind related to the program that could give rise to even a suspicion of a conflict of interest, except the following:

Furthermore, I understand and agree that as a condition for participating as a speaker at an Meharry Medical College School of Dentistry sponsored program, I will exercise particular care that no detriment to the Meharry Medical College School of Dentistry will result from conflicts between my interests and those of the Meharry Medical College School of Dentistry

Having read and understood the Meharry Medical College School of Dentistry policy and having completed this statement to the best of my knowledge and belief, I agree to be bound by the terms hereof.

Signature/Date