

Bergen County Dental Society

[www. BERGENCOUNTYDENTISTS.ORG](http://www.BERGENCOUNTYDENTISTS.ORG)

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CONFLICT OF INTEREST DECLARATION

It is the policy of the Bergen County Dental Society (BCDS) that all practice-related speakers at any program sponsored by this Society shall complete a conflict of interest statement regarding any interest in a company or a product related to the program as part of the Speakers Agreement with the BCDS. Furthermore, any portion of the following information can be shared with the membership and/or attendees to gain perspective of the program.

A conflict of interest may be considered to exist if a continuing education speaker is affiliated with, or has financial interest in any organization(s) that may be co-supporting a course or may have a direct interest in the subject matter of the presentation. The intent of this policy is not to prevent a speaker with an affiliation or financial interest from making a presentation. It is intended that any potential conflict be identified openly so that the attendees have the full disclosure of the facts any may form their own independent judgments about the presentation.

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 education program, nor do I have a financial interest in any commercial product(s) or service(s) I will discuss in the presentation.

NAME

SIGNATURE/DATE

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 education program, or I do have a financial interest in any commercial product(s) or service(s) 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 the BCDS to remove you from the program and to identify a replacement for your participation.

Affiliation/Financial Interest

Corporate Organization

Grants/Research Support

Consultant

Stock Shareholder

Honorarium

Other Financial or Material Support

NAME

SIGNATURE/DATE