

Conflict of Interest Statement

(name)	

Individuals who serve in elective, appointive or employed offices or positions for the Tennessee Dental Association (TDA) 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 TDA.

The TDA recognizes that trustees, officers, staff, and committee members have diverse professional and financial interests. Because of these interests, the Board of Trustees has adopted a policy whereby all trustees, officers, staff, and committee members must disclose <u>all</u> relationships that might result in an actual, potential, or perceived conflict or duality of interest. The existence of a relationship that requires disclosure does not necessarily imply ineligibility to serve, but rather that participation in some matters may be modified or avoided or, in appropriate circumstances, discontinued. The Board of Trustees shall have the authority, as it deems appropriate, to make the final decision as to your continuing role and participation.

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.

Instruction: Please complete the questions on the reverse side to the best of your knowledge.

Definitions: As used in this form:

"TDA" means the Tennessee 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 statues might impact the individual.

1.	Financia transacti	or any member of your Family hold, or anticipate holding within the next 12 months, a Material Interest in a business, activity or organization which engages or intends to engage in any cons or arrangements with TDA, or which competes or may compete with TDA's business, hips or activities (including competition for grants or donations)?
	□ Yes	□ No
2.	that (i) m compron your inde program	or any member of your Family serve in a Position of Substantial Participation in any organization ay have conflicting views, or take contrary positions, to those held by TDA; or (ii) may hise your ability to make unbiased and impartial decisions on behalf of the TDA, may restrict ependent judgment, or may impair your objectivity when evaluating TDA policies, issues, s, activities, or other matters including affiliations which are not financially based, such as ship on the boards of other organizations and professional societies?
	□ Yes	□ No
3.	Do you o	urrently hold, or do you anticipate holding with the next 12 months, any faculty appointments?
	□ Yes	□ No
4.	Is there a	any other relationship, activity or interest not disclosed above that the TDA should be aware of?
	□ Yes	□ No
f you a	answered	'yes" to any of the above, please explain below or attach a separate sheet.
Frustee that I a to the a accura	es" and ur m require answers I te to the b	DA Conflict of Interest Policy contained in Section V of the TDA "Policy Manual of the Board of derstand that I have a continuing responsibility to comply with such policy. I further understand to promptly disclose any conflict of interest that might arise, as well as any material changes have provided in the Conflict of Interest Statement. The facts set forth herein are true and est of my knowledge. I am currently unaware of any conflicts of interest that would preclude me be capacity for TDA for which I have been selected.
Signati	ure:	
Name	(print):	
TDA P	osition:	

NOTE: If this is your first year on the Board, please attach a copy of your curriculum vitae or biography.

Date:

Questions: