



Advancing prosthodontics through education and research

CONFLICTS AND DUALITIES OF INTEREST QUESTIONNAIRE

The American College of Prosthodontists Education Foundation ("ACPEF") operates as a charitable organization that, in order to maintain its federal tax exemption, must engage principally in activities which accomplish one or more of its tax-exempt purposes. In order to maintain ACPEF's tax-exempt status and prevent possible conflicts of interest that may arise, ACPEF requires that all directors, principal officers, board committee members, and, as determined by ACPEF's board on a case by case basis, key agents and key employees of ACPEF, including independent contractor providers of services and materials, review the ACPEF Conflicts of Interest Policy and complete the following questionnaire and sign where indicated below.

Please check NONE where applicable.

1. **Outside Interests.** The interests (other than investments) held by myself or my immediate family that:

A) Hold directly or indirectly a position or a "material financial interest" in any outside concern from which I or my family member has reason to believe ACPEF secures goods or services include:

() NONE

"Material financial interests" are those which represent in excess of 5% of the total outstanding equity securities of an outside concern.

B) Compete, directly or indirectly, with ACPEF or its controlled affiliates in the purchase or sale of property or property rights, interests, or services include:

() NONE

2. **Investments.** The investments in an entity described in the question above held by myself or my immediate family members that might be included within the category of "material financial interest" as described below include:

() NONE

“Material financial interests” are those which represent in excess of 5% of the total outstanding equity securities of an outside concern.

3. **Outside Activities.** The outside activities of myself or my immediate family which render directive, managerial, or consultative services to any outside concern that does business with, or competes with services, of ACPEF and its controlled affiliates include:

a) Any sponsored travel which in aggregate exceeds \$10,000 in a calendar year.

b) Previous or current relationships with other organizations that compete with the ACP, such as holding Board or other leadership positions or possessing confidential information.

() NONE

4. **Dualities of Interest.** The non-financial fiduciary relationship(s) held by myself or my immediate family members with any company or organization which competes with ACPEF include:

() NONE

5. **Inside Information.** By signature below, I certify that neither I nor any member of my immediate family has disclosed or used information relating to ACPEF's lines of commerce or mission for the personal profit or advantage of myself or any member of my immediate family.

6. **Gifts and Gratuities.** By signature below, I certify that neither I nor any member of my immediate family has accepted gifts, gratuities, or entertainment with the cumulative value of \$100 or more in a calendar year that might influence my judgment or actions concerning ACPEF and its controlled affiliates, except as listed below:

() NONE

(This does not include the acceptance of items of nominal or minor value that are clearly tokens of respect or friendship and not related to any particular transaction or activity.)

7. **Acknowledgment.** By signature below, I certify that I (a) have received a copy of the Conflicts of Interest Policy of ACPEF (“Policy”); (b) have read and understood the Policy; (c) have agreed to comply with the Policy; and (d) understand that ACPEF is a charitable organization and that in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

8. **Report any Changes.** I agree to report to ACPEF's board chair and/or Executive Director any change in the responses to each of the foregoing questions which may result from changes in circumstances before completion of my next annual questionnaire.

Print Name: _____

Signature: _____

Position: _____

Dated: _____

Return to
Emily Deadman, edeadman@prosthodontics.org
Coordinator, Foundation & Special Projects

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