



CONFLICTS AND DUALITIES OF INTEREST QUESTIONNAIRE

The American College of Prosthodontists ("ACP") operates as a tax-exempt 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 ACP's tax-exempt status and prevent possible conflicts of interest that may arise, ACP requires that all directors, principal officers, board committee members, and, as determined by ACP's board on a case by case basis, key agents and key employees of ACP, including independent contractor providers of services and materials, complete the following questionnaire and sign where indicated below. Definitions are set forth in the ACP Conflict of Interest Policy.

Please check *NONE* where applicable.

1. Outside Interest. The entities in which I or my immediate family holds a position and which I have reason to believe provide goods or services to ACP are:

() NONE

2. Investments. The financial interests 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 2% of the total outstanding debt or equity of an entity.

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

() NONE

4. Dualities of Interest. The non-financial fiduciary relationship(s) held by myself or my immediate family members with any company or organization involved in dentistry or services to dentistry:

() 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 ACP's lines of commerce or mission for the personal profit or advantage of myself or any member of my immediate family.

() NONE

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 that might influence my judgment or actions concerning ACP 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 ACP ("Policy"); (b) have read and understood the Policy; (c) have agreed to comply with the Policy; and (d) understand that ACP is a tax exempt 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 ACP'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 Governance Director

Approved ACP Legal Counsel 2017