

**AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE**  
**Conflict of Interest Disclosure Form**

NAME: \_\_\_\_\_

***I affirm that the following are all my (including anyone with whom I directly share income) material business, financial and organizational interests and affiliations which are or could be construed to be reasonably related to the interests, activities and programs of the AADSM or dental sleep medicine:***

*(Please answer the following questions or provide substantially the same information in some other form (e.g. by attaching a vita). If you have no information to list, answer "None.")*

1. Positions in AADSM

Please list all current or proposed relationships with AADSM, including, but not limited to, positions currently held or sought in AADSM.

\_\_\_\_\_  
\_\_\_\_\_

2. Relationship with Other Organizations/Entities

Please list any leadership role in, or other relationship with, any other corporation, association, society or foundation (e.g., board member, committee member, advisor, journal contributor).

\_\_\_\_\_  
\_\_\_\_\_

3. Employment

Please list any individual or entity for whom you are about to be employed, or for whom you have been employed within the past three (3) years.

\_\_\_\_\_  
\_\_\_\_\_

4. Consultancies

Please list any individual or entity for whom you are now providing, or are about to provide, consulting services, as well as any individual or entity for whom you provided such services, or by whom you were paid, during the past three (3) years.

---

---

5. Ownership Interests

Please list any ownership interests you hold: (a) in a commercial entity that sells sleep products or services or that reasonably may be anticipated to conflict with the interests of AADSM (ownership in one's own dental practice excluded); and (b) in excess of 10% or \$50,000 in a publicly-traded company.

---

---

---

6. Honoraria

Please list any honoraria you have received within the past three (3) years, or expect to receive, of more than \$5,000.00 per year or \$10,000.00 over a three-year period.

---

---

7. Research Funding

(a) Please list any research funding that you are about to receive or have received within the past three (3) years.

---

---

(b) Please list any dental sleep medicine research funding that anyone else in the same department at your institution(s) is about to receive or has received within the past three (3) years.

---

---

(c) Please list any other research funding that you know has been received, or is about to be received, by others at your institution(s), which reasonably may be anticipated to conflict with the interests of AADSM.

---

---

8. Travel Grants

Please list any travel grants you have received within the past year.

---

---

9. Gifts

Please list any personal gifts, discounts, or free use of materials or equipment provided by a sleep related business valued at \$250 or more that you have received or will receive in the future.

---

---

10. Speaking Engagements

Please list any paid speaking engagements within the last year or contracts for paid speaking engagements in the future (unrestricted educational grants excluded).

---

---

11. Membership in Industry Speaker's Bureau

Please list memberships in any industry speaker's bureau.

---

---

12. Other Actual, Potential or Apparent Conflicts

Please list any other personal or professional position(s) or interest(s) you currently or are about to hold, or activities in which you are or are about to be engaged, which reasonably may be anticipated to conflict with the interests of AADSM.

---

---

***I represent that I have read, understand and agree to the terms of the AADSM Conflict of Interest Policy. I further represent that, to the best of my knowledge and belief, the information reported above is complete and accurate.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please forward a copy of this Disclosure Form to AADSM Headquarters. Keep a copy for your records.***