



American Academy of Dental Sleep Medicine

**COMMITTEES, TASK FORCES AND COURSE DIRECTORS
CONFLICT OF INTEREST DISCLOSURE**

Please circle “YES” or “NO” for each question. If you answer “YES” to any questions, provide full details of all such arrangements, including the entity, type of activity and amount of compensation on the attached sheet.

Full Name _____

**AADSM
Position** _____

1.	Are you a member of a paid or unpaid industry/corporate board of directors or advisory board related to sleep?	YES	NO
2.	Do you or do your spouse or children <i>either</i> own more than 5 percent of a company selling sleep products or services <i>or</i> stock in such a company of value greater than \$25,000 (ownership of a dental practice by a practicing dentist is excluded)?	YES	NO
3.	Have you accepted payments for speaking engagements from industry within the last year or have contracted to accept such payments in the future (unrestricted educational grants excluded)?	YES	NO
4.	Are you a member of an industry speaker’s bureau?	YES	NO
5.	Have you received a research or travel grant from a commercial entity within the last year or have contracted to accept such grants in the future?	YES	NO
6.	Have you received a research or travel grant from a governmental or not for profit entity within the last year or have contracted to accept such grants in the future?	YES	NO
7.	Have you received a personal gift, discounted or free use of material or equipment of value > \$250 provided by a sleep related business within the last year?	YES	NO

I have read the American Academy of Dental Sleep Medicine Policy on Conflicts of Interest and certify that the information provided is current and correct and that I am in compliance with American Academy of Dental Sleep Medicine policy.

Signature: _____

Date: _____

