

## Disclosure of Financial Interests

*The intent of this Disclosure of Financial Interests is to allow Texas Oral Health Coalition, Inc. (TxOHC) the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its continuing education activities. All faculty, planners, speakers or authors of TxOHC sponsored activities are expected to disclose to TxOHC any relevant financial relationships with any commercial or personal interest that produces health care goods or services related to the content of an educational presentation. Faculty, planners, speakers and authors must also disclose where there are any other potentially biasing relationships of a professional or personal nature. This disclosure applies to themselves and their spouse or partner over the last 12 months.*

### Glossary of Terms

**Conflict of Interest-** Circumstances create a conflict of interest when an individual has an opportunity to affect continuing education content about products or services of a commercial interest with which he/she has a financial relationship.

**Commercial Interest-** Any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not considered to be commercial interests.

**Financial Relationships-** Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received, or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner.

**Off Label-**The use of products for a purpose other than that for which it was approved by the Food and Drug Administration (FDA).

Do you and/or your spouse or partner have any potentially relevant financial or biasing relationships, including relationships with proprietary entities producing health care goods or services related to your role with planning or presenting continuing education events?

No  Yes

If yes, please identify the company and the nature of this relationship [Please indicate the full name of the commercial interest(s)/organization(s) next to the best description of the relationship(s).]:

- Grants/research support: \_\_\_\_\_
- Consultant: \_\_\_\_\_
- Stock shareholder (directly purchased): \_\_\_\_\_
- Honorarium: \_\_\_\_\_
- Speaker's Bureau: \_\_\_\_\_
- Employee of a commercial interest organization: \_\_\_\_\_
- Board of Directors or other Leadership Role: \_\_\_\_\_
- Other financial or material support: \_\_\_\_\_

Name (please print): DAVID FREY DDS

Signature:  Date: 9/29/2020

## Biographical Information Form

(Speakers/Presenters/Authors)

All speakers/presenters and authors are required to submit biographical information early in the event planning process. A previously prepared resume may be submitted in place of this form.

Name with  
Credentials:

DAVID F. FRAY DDS MBA

Address: 7500 Cambridge Room 5433 Houston, TX 77054

Phone Number: 713 / 486-4210

Email address: DAVID.F.FRAY@UTH.TMC.EDU

Current Employer: UNIV. OF TEXAS HEALTH SCIENCE CENTER SCHOOL OF DENTISTRY

Current Position/Title: PROFESSOR, DEPT OF GENERAL PRACTICE & DENTAL PUBLIC HEALTH

Degrees	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
BS	HBU, HOUSTON, TX	Chemistry/Biology	1976
DDS	UTHSC - " "	DENTISTRY	1979
MBA	OKC UNIV. OKC, OK	HEALTHCARE ADM.	1997

Residency	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded

Use the space below to briefly describe your professional experience or areas of expertise (including publications) related to your involvement in continuing education and your particular role, e.g., speaker, presenter, peer reviewer, administrator, etc.:

- DEVELOPMENTAL DENTISTRY certificate 2012 UNIV. LOUISVILLE SD
- Preceptorship - 1YR - ARKANSAS HEALTH CENTER resulting  
IN Nat'l Academy of Dent in Long Term Care 1998
- Director, ARKANSAS HEALTH CENTER - 400 BED Long Term  
Care and Dementia Care. 1997-1999.
- Director, DEVELOPMENTAL DISABILITIES Division. AR. DEPT of HHS  
1999-2002
- CHIEF, DEVELOPMENTAL DISABILITIES Division, Hawaii DEPT of HEALTH
- Numerous Presentations/PUBLIC. in Developmental Medicine & Dentistry
- AADMD President · FELLOW, ACD, ICD