



Affidavit of Image Authenticity

I, June M. Sadowsky, DDS, MPH, instructor for the educational program entitled, Senior Oral Health Assessment Tips, to be presented on November 9, 2020, declare that all visual images, electronic or otherwise, used by me or my associates during this program, to the best of my knowledge have not misrepresented or falsified the treatment outcome. However, if corrections have been made to any images to better demonstrate an educational topic, these corrections will be fully explained and disclosed to the audience so as to ensure that no member of the audience believes that the image presented was not in its natural state.

Description of images altered for educational purposes:

None

I submit that the above is true and accurate on this date of:

9/25/2020.

Name (printed): June M. Sadowsky

Signature:  Date: 9/25/2020



Activity Name	June M. Sadowsky, DDS, MPH
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Baylor College of Medicine (BCM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. To ensure the independence of continuing education (CE) activities from commercial influence/promotional bias, the ACCME requires that providers must be able to demonstrate that: 1) everyone in a position to control the content of a CE activity has disclosed relevant financial relationships with commercial interests to the provider; 2) the provider has implemented a mechanism to manage/resolve any identified conflicts of interest; and 3) all financial relationships with commercial interests are disclosed to learners before the beginning of the educational activity. The learners must also be informed if no relevant financial relationships exist.

Commercial Interest. Any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by, or used on, patients. Refer to [ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM](#).

Name	June M. Sadowsky, DDS, MPH	Academic Title	Professor
Affiliation	UTHEALTH School of Dentistry		
Role(s)	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> Planning Committee Member	<input checked="" type="checkbox"/> Faculty (Presenter, Moderator, Other)

Instructions. List the commercial interests with which you (and/or your spouse/partner) have, or have had within the past 12 months, a relevant financial relationship for the types of relationships indicated. If more space is required, attach an additional page. If you (and your spouse/partner) have no relationships, check the box immediately below the table. Also complete the Personal Gifts disclosure (see below).

Nature of Financial Relationship	Name of Company(ies)
Research Support (including clinical trials) & the principal or named investigator	
Intellectual Property (patent rights, royalty payments)	
Employment (with a commercial interest)	
Speakers Bureau Membership	
Advisory Committee Membership	
Consultancy	
Review Panel Membership	
Board Membership	
Honorarium Recipient	
Ownership Interests (stock, stock options, excluding diversified mutual funds)	

I (and my spouse/partner) do not have (or have not had within the past 12 months) any relevant financial relationships with commercial interests to disclose.

Personal Gifts. Within the past 12 months, I (and/or my spouse/partner) have **accepted a personal gift** from a commercial interest that is relevant to the content of this CME activity, the acceptance of which **did not comply with the AMA Gifts to Physicians from Industry Opinion 9.6.2.** Yes No