

## 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: June Sadowsky, DDS, MPH

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Current Employer: UTHEALTH School of Dentistry

Current Position/Title: Professor

Degrees	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
Bachelor of Science	Texas State University	Biology	1978
Doctor of Dental Surgery	UTHSC-San Antonio	Dentistry	1982
Master of Public Health	UTHSC-Houston	Epidemiology	1995

Residency	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
Fellowship	UTHSC-San Antonio	Geriatric Dentistry	1995
Fellowship	Veterans Administration	Geriatric Dental Research	1997

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.:

I am a professor in the Department of General Practice and Dental Public Health at The University of Texas Health Science Center at Houston (UTHealth) School of Dentistry. I am a dentist geriatrician, having completed fellowships in dental geriatrics as well as geriatric dental research. As a fellow of the American Society of Geriatric Dentistry and a Diplomate of the Special Care Dentistry Association, I have an extensive background in geriatric patient dental treatment both in-home and in long-term facilities. As co-investigator on several university and HRSA grants, I provide the dental component in multidisciplinary projects and advance the importance of oral health in overall general health. Additionally, I contribute to my institution in geriatric clinical education of predoctoral dental students, creating courses and elder experiences. My early years were devoted to aging research in minority elder oral health and later to education of health care professionals. I have created modules for professional education in oral health of mechanically ventilated adults, stroke patients and acute elderly in-patients. Most recently, I have investigated the oral problems of movement disorders, namely tardive dyskinesia and Parkinson's disease.

## 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): June M. Sadowsky, DDS, MPH

Signature:  \_\_\_\_\_ Date: 9/25/2020