

## 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).

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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):** Janet Yellowitz

**Signature:** Janet Yellowitz **Date:** 10/8/2020

## 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:** Janet A Yellowitz, DMD,MPH,FASGD, DABSCD

**Address:** 650 West Baltimore St. Room 3211

**Phone Number:** 410 706 7254

**Email address:** [jyellowitz@umaryland.edu](mailto:jyellowitz@umaryland.edu)

**Current Employer:** University Of Maryland School of Dentistry

**Current Position/Title:** Director, Geriatric and Special Care Dentistry

Degrees	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
RDH,AS	Forsyth School for Dental Hygienists, Boston, MA	Dental Hygiene	1970
MPH	Univ. Of Minnesota School of Public Health, Minneapolis	Dental Public Health	1979
DMD	University of Pennsylvania school of dental medicine, Philadelphia PA	Dentistry	1987

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.:

As a Diplomat of the American Board of Special Care Dentistry, a Fellow of the American Society of Geriatric Dentistry and the Director of Geriatric Dentistry and Special Care Dentistry at the University of Maryland School of Dentistry, I have been actively involved as an educator, clinician and researcher in the field of Geriatric Dentistry and Special Care. For the past 14 years, I have served on the National Elder Care Advisory Committee, the primary elderly-focused committee of the American Dental Association. In addition, I was a Principal Investigator for the Maryland Regional Interdisciplinary Geriatrics Training Program for Physicians, Dentists and Behavioral/Mental Health Professionals fellowship program 15 years. My education and research activities have focused on the integration of oral health with general health for both dental and health care providers. Helping health care professionals become team members by better understanding the relationship of oral to general health as well as optimal approaches to care for older adults and those with special needs has been a long term goal. Helping to keep older adults and those with special needs in good oral health is a lifetime goal. My goal is to better prepare health care professionals to appropriately incorporate oral health care as a component of general health care and to ensure that oral healthcare of adults is an integral part of the knowledge, opinions and behaviors of future healthcare practitioners.