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Respondent

7

Anonymous

06:48

Time to complete

## Financial Disclosure

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).

1. 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

2. If yes, please select the type of relationship below:

- 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:

3. If yes, to any item on the previous question please identify the company and the nature of this relationship [Please indicate the full name of the commercial interest(s)/organization(s).]:

4. Electronic Signature: *(Please type your First and Last Name)* \*

5. \*

- I affirm my electronic signature is the legal equivalent of my manual signature on this agreement confirming that I acknowledge and agree to the above statement.

6. Date Signed: \*



## Biographical Information Form

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

7. **Presenter's Name and Credentials** \*

8. **Address:** \*

9. **Phone Number:** \*

10. **Email Address:** \*11. **Current Employer:** \*12. **Current Position/Title:** \*13. **Degrees - Institution (Name, City, State) - Major Area of Study - Year Degree Awarded**14. **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.:** \*15. Upload files by accessing the following link: <https://bit.ly/PrsntrFormFile> (Please include your name in the file title).

- Presenter's Image (PNG or JPG)
- Presenter's CV (Optional)
- Upload Other Information (introduction, handouts, etc.)

### Affidavit of Image Authenticity

It is the policy of the TxOHC that all visual images, electronic or otherwise used during TxOHC courses do not misrepresent or falsify the treatment outcome. If any corrections to images have been made to better demonstrate an educational topic, these corrections must 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.

## 16. I 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. \*

- Yes
- No

## 17. Description of images altered for educational purposes:

18. I submit that the above is true and accurate on this date: \*

6/8/2022



19. Electronic Signature: *(Please type your First and Last Name)* \*

Patricia Braun

20. \*



I affirm my electronic signature is the legal equivalent of my manual signature on this agreement confirming that I acknowledge and agree to the above Statement.