

Connecticut State Dental Association

835 West Queen Street Southington, CT 06489

860.378.1800/phone 860.378.1807/fax

CSDA.com

CSDA Delegation to ADA House of Delegates

CONFIDENTIALITY AND CONFLICT OF INTEREST DISCLOSURE FORM

Delegation Nominee:	 ("you" o)t
'your")	 	

Conflict of Interest

CSDA members serving as members of the ADA House of Delegates must act at all times in the best interests of the CSDA, and not for personal or third-party gain or financial enrichment. When encountering potential conflicts of interest, members of the CSDA delegation to the ADA House of Delegates shall identify the potential conflict and, as required, remove themselves from all discussion and voting on the matter. Specifically, those representing the CSDA in the ADA House of Delegates shall:

- avoid placing (and avoid the appearance of placing) one's own self-interest or any third-party interest above that of CSDA; while the receipt of incidental personal or third-party benefit may necessarily flow from certain CSDA activities, such benefit must be merely incidental to the primary benefit to CSDA and its purposes;
- not abuse their status as a representative of the CSDA by improperly using CSDA staff, services, equipment, materials, resources, or property for their personal or third-party gain or pleasure, and shall not represent to third parties that their authority as a representative of the CSDA extends any further than that which it actually extends;
- not engage in any outside business, professional or other activities that would directly or indirectly materially adversely affect CSDA;
- not engage in or facilitate any discriminatory or harassing behavior directed toward CSDA staff, members, officers, Governors, meeting attendees, exhibitors, advertisers, sponsors, suppliers, contractors, or others in the context of activities relating to CSDA;
- not solicit or accept gifts, gratuities, free trips, honoraria, personal property, or any
 other item of value from any person or entity as a direct or indirect inducement to
 provide special treatment to such donor with respect to matters pertaining to CSDA
 without fully disclosing such items to the Executive Director;
- provide goods or services to CSDA as a paid vendor to CSDA only after full disclosure to, and advance approval by, the Executive Director and/or Board, and pursuant to any related procedures adopted by the Board;

- not persuade or attempt to persuade any employee of CSDA to leave the employ of CSDA or to become employed by any person or entity other than CSDA; and
- not persuade or attempt to persuade any member, exhibitor, advertiser, sponsor, subscriber, supplier, contractor, or any other person or entity with an actual or potential relationship to or with CSDA to terminate, curtail or not enter into its relationship to or with CSDA, or to in any way reduce the monetary or other benefits to CSDA of such relationship.

To help avoid any conflicts of interest, on this form you are disclosing ownership or other proprietary interests, responsibilities, circumstances, or other reasons why you (or, by extension, any member of your family) might have an actual, apparent or potential conflict of interest with your duty to CSDA, both respect to the conflicts prohibited above and any others. You hereby invite further review by CSDA of any aspects of these circumstances that might be considered appropriate. In addition, you agree that during such time as you continue to serve as a representative of the CSDA to the ADA House of Delegates, you agree to notify the CSDA Executive Director promptly if and when you determine that any additional actual, apparent or potential conflicts of interest with your duty to CSDA arise subsequent to the execution of this form. Please check and/or complete the appropriate section below:

Actual, apparent or potential conflicts:
There are no actual, apparent or potential conflicts.
* * * *

ADA HOD Nominations: November, 2015