



## Academy of Prosthodontics

### Disclosure Declaration

(PLEASE RETURN BY \_\_\_\_\_)

**Please sign and date the appropriate statement.**

*For no financial interests:*

I, the undersigned, declare that neither I nor any member of my family have a financial interest/arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*To declare existing financial interests:*

I, the undersigned (or an immediate family member), have a financial interest/arrangement or affiliation with a corporate organization offering financial support or grant monies for or related to the content of this continuing dental education program as follows (there is no need to disclose the actual financial value of any affiliation):

**Affiliation/Financial Interest**

**Corporate Organizations**

Employee, full or part-time

\_\_\_\_\_

Grant/Research Support

\_\_\_\_\_

Consultant \_\_\_\_\_  
Stock Shareholder (directly purchased) \_\_\_\_\_  
Honorarium \_\_\_\_\_  
Other Financial or Material Support \_\_\_\_\_  
Owner/Part Owner \_\_\_\_\_

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I understand that this form will be available for review by program participants.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Having an interest in or an affiliation with the corporate organization does not necessarily prevent you from making the presentation, but the relationship must be made known to the audience. Failure to disclose or a false-disclosure will require The Academy of Prosthodontics to remove you from the program and to identify a replacement for your participation.

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