

American Association of Endodontists & Foundation for Endodontics Conflict of Interest Declaration

All investigators must disclose any conflict of interest that they might have with respect to any grant application to the American Association of Endodontists and Foundation for Endodontics. Having an interest in a product, service, course, or company does not necessarily impact an applicant's status, however such conflict of interest will be evaluated and considered by the committee for the level/significance of conflict. Applicants should exercise particular care that no detriment to the American Association of Endodontists or Foundation for Endodontics will result from conflicts between self-interest and those of the AAE or Foundation. Any potential or real conflict of interest (see below) should be disclosed and the project should be independent of any self-interest.

Initial either Declaration A or Declaration B:

Declaration A

In accordance with this policy, I declare that I have NO past, present, or known future financial relationship, consulting position or affiliation, or other personal interest of any nature or kind in any product, service, course and/or company, or in any firm beneficially associated therewith – and that I have not received any gifts of any kind (including intangible remuneration) from any company, individual, or other entity that might benefit from my contribution to the American Association of Endodontists or Foundation for Endodontics.

Initials _____ *(If you initial here, do not initial Declaration B.)*

Declaration B

In accordance with this policy, I declare I have a past or present proprietary or relevant financial relationship or receive gifts in kind (including soft intangible remuneration), consulting position or affiliation or other personal interest of any nature or kind in any product service, course and/or company, or in any firm beneficially associated therewith as indicated below. Please indicate each relationship, financial interest, corporate, institutional or educational entity and whether it is past or present.

Initials _____ *(If you initial here, complete fields below)*

Employee _____

Grants/Research Support _____

Consultant _____

Stock Shareholder (directly purchases) _____

Honorarium/Gift _____

Financial/Material Support _____

NAME(S) _____

SIGNATURE(S)

DATE _____

Applications will not be considered without this document.