

# New York State Dental Foundation Conflict of Interest Statement - 2014

## Introduction

*This Conflict of Interest Questionnaire must be filled out and returned to the Foundation by all Foundation Officers, Trustees, Executive Staff and Consultants every year. The purpose of this Questionnaire is to provide specific written disclosure of certain affiliations to assist the Foundation in carrying out its Conflict of Interest Policy as set forth in Article V of its Constitution & Bylaws. This Questionnaire is detailed so that the Foundation will be able to make precise judgments about potential conflicts. This, in turn, will allow individuals to continue serving the Foundation except in those areas where there is a specific and actual conflict. Thus, answering "yes" to many or even most of the questions will not lead to disqualification of the individual. Indeed, in many instances it is important to have individuals who have a certain level of expertise which only can be attained by affiliations with other organizations or companies. The intent and purpose of this Conflict of Interest Statement is to avoid total disqualification and to give guidance to individuals who complete the Questionnaire. The Foundation Director will review any actual conflicts with general counsel and the individual will be advised if any corrective action is necessary.*

As a member of the Board of Trustees of the New York State Dental Foundation, I, \_\_\_\_\_, am committed to the Foundation's goal to establish and maintain the highest level of public confidence in its accountability. I have personally committed to follow the standards set out below, which are a part of the Foundation's conflict of interest policies:

\_\_\_\_\_ I will conduct my activities with the Board of Trustees of the New York State Dental Foundation so that I do not advance or protect my own interests, or the private interests of others with whom I have a relationship, in a way that is detrimental to the interests of or to the fundamental mission of the Foundation.

\_\_\_\_\_ In every instance in which I represent the New York State Dental Foundation, I will conduct my activities in a manner to best promote the interests of the Foundation.

\_\_\_\_\_ In all matters that come before the Board of Trustees for a vote that may favorably impact my own financial interests, or the private interests of others with whom I have a financial relationship, I will reveal that relationship and abstain from a vote in the matter.

\_\_\_\_\_ When a conflict of interest arises, or when a potential conflict of interest emerges, I will disclose that conflict or potential conflict to the Director of the New York State Dental Foundation or to the Chairman of its Board of Trustees and seek a resolution of that issue.

Entered into this on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Member, Board of Trustees