

## CONFLICT OF INTEREST STATEMENT

It is the policy of the Royal College of Dental Surgeons of Ontario (RCDSO) to ensure the balance, independence, objectivity and scientific rigor of all courses that are approved for Category 1: Core Courses. Accordingly, all speakers of any course submitted for approval in this category shall complete a statement regarding any real or apparent interest(s) in a company, product or service related to the subject matter of the course.

Name:

email:

Telephone:

Title of Course:

**I declare that I have NO actual or potential conflict of interest in relation to this course.**

**I declare that I have a past or present financial interest, arrangement or affiliation with one or more organizations that could be perceived as a related or apparent conflict of interest in the context of the subject of this course, as described below:**

I confirm that I have read and understand the RCDSO's toolkit for submitting Category 1 courses, [INFORMATION FOR APPROVED SPONSORS](#), which describes the roles of Approved Sponsors and Presenters. I agree to act in accordance with the terms of this document should my course be approved for Category 1: Core Courses.

Name

Signature

Date