

# Statement of Disclosure

**Business Interests and Activities and Confirmation of Understanding and Acceptance of Policies Regarding Gifts, Conflicts, Confidentiality, Professional Conduct and Prohibition Against Harassment**

**California Dental Association**  
1201 K Street, Sacramento, CA  
95814 800.232.7645 [cda.org](http://cda.org)



Name: \_\_\_\_\_

Position(s): \_\_\_\_\_

**Instructions:** Please complete each question to the best of your knowledge. You may list your answers directly on this form or you may provide your answers on a separate sheet of paper. As used in this form:

- The term "**CDA-Company**" means the CDA, the CDA Holding Company, Inc., The Dentists Insurance Company, TDIC Insurance Solutions, The Dentists Supply Company, CDA Foundation, CDA Rotunda Partners, LLC, CDA PAC, The Dentists Benefits Corporation, Dentists Benefits Insurance Company, the Northwest Dentists Insurance Company, and Arnold Dental Supply.
- The term "**material financial interest**" means (i) a financial ownership interest of 5% or more; (ii) a financial ownership interest which contributes materially to your income; or (iii) a position as proprietor, director, managing partner, or key employee.
- The term "**immediate family**" means your spouse, domestic partner, parents, children, siblings, mothers- and fathers-in-law, sons- and daughters-in-law, brothers- and sisters-in-law, and anyone sharing your home.

1. Do you or any members of your immediate family hold or plan to hold a material financial interest in any business or organization which furnishes or is seeking to furnish goods or services, does business with or is seeking to do business with, or has an adversarial relationship to any CDA-Company?      No     Yes

If yes, please list the name of each business and the type of goods or services involved:

2. Do you hold or plan to hold a material financial interest in any health care business or health care facility, excluding a private dental practice?      No     Yes

If yes, please list the name of each business or facility and provide a brief description of the type of business or facility.

3. Are you, or do you anticipate becoming within the next 12 months, a consultant, employee, or agent of a manufacturer or seller of dental or dentally related products or services, an insurance company, or a provider of insurance related products or services?      No     Yes

If yes, please list the name of each company, position held, and term of position, including the same information for any anticipated position. If the manufacturer, distributor, or provider is not a nationally known company, please provide a brief description of the company.

4. Are you, or do you anticipate becoming within the next 12 months, a trustee, director, officer, council or committee member, employee, or consultant of any health care organization or health-related professional society, an insurance company, or a provider of insurance related product or services?      No     Yes

If yes, please list the name of each organization, position held, term of position, including the same information for any anticipated position. If necessary, please provide a brief description of the organization.

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5. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments? No  Yes

If yes, please list the name of each institution, position held, and term of appointment.

1. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, or being a spokesperson for any product or company, including lobbying on behalf of any organization (other than CDA)? No  Yes

If yes, please list the name of each organization and describe the nature of the activities in which you are or will be involved.

2. Are you involved in any other personal relationship, activity, or interest which may raise a conflict of interest or impair your objectivity on policies or issues of any CDA-Company? No  Yes

If yes, please describe each relationship, activity, or interest.

I have read the CDA-Company Policy Involving Gifts, Conflicts, Confidentiality, Professional Conduct and Prohibition Against Harassment and I understand that document. I agree that I will comply with both the letter and spirit of that Policy. I understand that as a condition for serving in an elective or appointive position with a CDA-Company, I am expected to exercise particular care that no detriment to the organizations will result from any conflicts between my interests and those of the organizations.

I have completed this statement of disclosure fully and accurately to the best of my knowledge and belief, and I understand that I must promptly disclose to the CDA legal department any changes in the information encompassed within that statement, or of any situation of which I become aware creating an actual or potential conflict of interest or violation of the Policy.

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Signature of Applicant Print Name Date (mm/dd/yyyy)

**For TDIC/TDIC Insurance Solutions, Dentists Benefits Corporation, Dentists Benefits Insurance Company, and Northwest Dentists Insurance Company Board members only:**

If I am a director, officer, or committee member of The Dentists Insurance Company, TDIC Insurance Solutions, Dentists Benefits Corporation, Dentists Benefits Insurance Co., or Northwest Dentists Insurance Co., I hereby certify that I have not been convicted of a felony involving dishonesty or a breach of trust.

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Signature of Applicant Print Name Date (mm/dd/yyyy)