

Disclosure of Financial Interests

The intent of this Disclosure of Financial Interests is to allow Department of State Health Services (DSHS) CE Service the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CE activities. **All faculty, planners, speakers, authors, or beta testers of DSHS CE Service sponsored activities are expected to disclose to DSHS CE Service any relevant financial relationships with any commercial or personal interest that produces health care goods or services related to the content of an educational presentation.** Faculty, planners, speakers, authors, and beta testers must also disclose where there are any other potentially biasing relationships of a professional or personal nature. **This disclosure applies to themselves and their spouse or partner over the last 12 months.**

Glossary of Terms

Conflict of Interest- Circumstances create a conflict of interest when an individual has an opportunity to affect Continuing Education content about products or services of a commercial interest with which she/he has a financial relationship or where there are any other potentially biasing relationships of a professional or personal nature.

Commercial Interest- any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Financial Relationships- Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

Off Label-The use of products for a purpose other than that for which it was approved by the Food and Drug Administration (FDA).

Do you and/or your spouse or partner have any potentially relevant financial or biasing relationships, including relationships with proprietary entities producing health care goods or services related to your role with planning or presenting continuing education events?

No Yes

If yes, please identify the company and the nature of this relationship [Please indicate the full name of the commercial interest(s)/organization(s) next to the best description of the relationship(s).]:

- Grants/research support: The Texas Fluoridation Campaign is funded by the Delta Dental Community Care Foundation
- Consultant: _____
- Stock shareholder (directly purchased): _____
- Honorarium: _____
- Speaker's Bureau: _____
- Employee of a commercial interest organization: _____
- Board of Directors or other Leadership Role: _____
- Other financial or material support: _____

Name (please print): Michael Mackert

Signature:  **Date:** 2/12/20