



Michigan

Dental Hygienists' Association

This form is to be completed annually by all Michigan Dental Hygienists' Association (MDHA) Board of Trustees(BOT)and Council Members involved in decision-making for MDHA recipient.

Conflict of Interest and Disclosure Statement

The situations which an MDHA BOT or Council Member must disclose fall into three (3) categories:

- 1) The Member has previously been employed by or holds another membership by a potential recipient.
2) The Member has immediate family or members of the household currently employed by a potential recipient.
3) The Member has personal or financial interest in a potential recipient.

For any situation disclosed, the MDHA BOT or Council Member must indicate how the situation will be resolved.

Table with 2 columns: Situation, Resolution

1. CHECK ALL THAT APPLY. I certify that I have:
- Not been previously employed by or member of any potential recipient
- Been previously employed by the following potential recipient:
- No immediate family nor members of the household currently employed by a potential recipient.
- Immediate family and/or members of the household currently employed by the following potential recipient:
- No personal or financial interest in any potential recipient.
- Personal or financial interest in the following potential recipient:
2. Resolution(s):
- None Needed.
- The disclosure(s) noted above will be resolved in the following manner:

I attest that the above information is factual.

MDHA BOT/Council Member Name MDHA BOT/Council Member Signature Date

MDHA President's Approval:

- I have reviewed the certifications and approve any noted resolution(s)

MDHA President Signature Date