

The Academy of Clinical Dentistry
Conflict of Interest (COI) Disclosure Statement
for Appointed Officers and Advisors

(Date) (Month) (Year)

To : The President of the Academy of Clinical Dentistry

Name : _____

Work Place : _____

Officer / Advisor Position : _____

In connection with the above-mentioned appointment, report the names of any company, organization, or association, and the Conflict of Interest (COI) status for the past one year from the time of submission in Section A. Likewise, if a spouse, first-degree relative, or a person with whom you share income or property has COI status, please indicate in section B.

For details on the items to be declared and the criteria, please refer to the COI guidelines of the Academy of Clinical Dentistry and clearly state the outline of COI status for each matter. This statement will be kept for two years from the expiration of the term of office.

Applicable period: From (month) (year) to (month) (year)

A. COI status of the declarant

Items to be disclosed and criteria for disclosure	Status Yes / No	If yes, provide 1. the outline of COI status 2. Remuneration 3. Name of company, organization, or association
1. Amount of remuneration JPY1,000,000 or more per year from a single company, organization or association	Yes / No	
2. Shareholdings Dividend income, etc. from a single company of at least JPY1,000,000 per year or holding of 5% or more of all such shares	Yes / No	
3. Patent royalties JPY1,000,000 or more per year per royalty	Yes / No	
4. Lecture fees, etc. JPY500,000 or more per year from a single company, organization or association	Yes / No	
5. Manuscript fee JPY500,000 or more per year from a single company, organization or association	Yes / No	
6. Research funds, grants, etc. JPY2,000,000 or more per year from a single company, organization or association	Yes / No	
7. Scholarship (incentive) funds, donations, etc. JPY2,000,000 or more per year from a single company, organization or association	Yes / No	
8. Affiliation with endowed chairs	Yes / No	
9. Provision of personnel, equipment, and facilities	Yes / No	
10. Receipt of travel expenses, gifts, etc. JPY100,000 or more per year from a single company, organization or association	Yes / No	

B. Disclosure items related to the declarant's spouse, first-degree relatives, and persons with whom the declarant shares income or property.

Items to be disclosed and criteria for disclosure If applicable, please refer to Table A above and fill in the necessary information.	Status Yes / No	If yes, provide 1. Name of the person concerned 2. The outline of COI status 3. Remuneration 4. Name of company, organization, or association
	Yes / No	

(Note) Should you need to provide more information, please duplicate this form, and add it as appropriate.

I hereby certify that I have no conflicts of interest related to the content of my presentation other than described above. I have no other conflicts of interest that would interfere with the activities of the Academy of Clinical Dentistry. I agree that I may disclose the contents of this declaration in the event of any social or legal request.

Signature of the declarant (Signature in own handwriting) : _____