The College of Dental Surgeons of Saskatchewan

Conflict of Interest Council Disclosure Form

This form is used to document an incident of actual or perceived conflict of interest. Please refer to the CDSS Conflict of Interest Policy prior to completing the form. All new Council members must complete this form at Council orientation. Council members continuing to serve another year are required to complete the form on an annual basis, or as any incident presents itself throughout the year.

Section 1 – Personal Information	
Name:	Council Appointment Date:
Councilor	
Section 2 – Type of conflict of interest	
I declare a(n): (circle one)	
Actual conflict **Perceived conflict** **No conflict**	
Section 3 – Conflict of interest details	
Please provide details as to the nature of the conflict of interest:	
Section 4 – Nepotism	
Please provide details as to the nature of the conflict of interest, in regards to nepotism:	
Section 5 – Proposed management of the conflict of interest	
How do you plan to remediate the conflict of interest?	
Section 6 – President/Chair Review	
Decision: (circle one) Approved Not Approved	
Comments	
Name:	Signature:
Date:	