



Conflict of Interest Declaration

Annual Questionnaire for Council and Committee Members and Volunteers

Name:

- Public Appointee¹
 Public Representative²
 Elected Member
 Non-Elected Member

I. Conflict-of-Interest Declaration of Adherence

As a member of Council and/or committee of the College, I acknowledge that:

- I have a duty to carry out my responsibilities in a manner that serves and protects the interest of the public. Therefore, I must not engage in any activities or decision-making about any matters where I have a conflict of interest.
- I have a duty to uphold and further the intent of the [Denturism Act, 1991](#) which is to regulate the practice and profession of denturism in Ontario. I must not represent the views of advocacy or special interest groups.
- I must avoid conflicts between my self-interest and my duty to the College. As part of this Conflict-of-Interest Declaration of Adherence, I have identified below any relationship(s) I currently have or recently have had with any organization that may create a conflict of interest by virtue of having competing fiduciary obligations to the College and the other organization (including, but not limited to, entities of which I am a director or officer).
- I confirm I have read, considered and understand the College's Conflict-of-Interest by-laws section [\(section 27\)](#), and agree to abide by its provisions.
- I understand that my completed questionnaire will be included in the appendix to each Council and/or committee meeting package and that I must declare any updates to my responses and conflicts of interest specific to the meeting agenda at the start of each meeting.
- I recognize that a conflict of interest could bring discredit to the College, amount to a breach of my fiduciary duty to the College and could create liability for the College and/or myself.
- I understand that any breach of the College's Conflict-of-Interest by-laws section may result in remedial action, censure or removal from office.

¹ A member of the public appointed to the Council by Order-in-Council.

² A member of the public appointed by the Council or Executive Committee to College Committees.



II. Outside Interests

In accordance with [section 27](#) of the by-laws of the College, I hereby disclose that I, or one of my family members (e.g., a parent, spouse³, child or sibling), close friends, business partners, dating partner, or other person with whom I have a close personal or professional relationship, have or recently⁴ have had the following direct or indirect affiliations, personal or financial interests or relationships, and/or have taken part in the relevant transactions.

I am aware that a conflict of interest arises where I have a personal or financial interest which conflicts, might conflict or may be perceived to conflict with the interests of the College. The purpose of this form is to assist me and the College with identifying possible conflicts. A conflict of interest could arise in relation to personal or financial matters including (but not limited to):

- Directorships or other employment;
- Interests in business enterprises or professional practices;
- Share ownership;
- Beneficial interests in trusts;
- Membership in existing professional or personal associations;
- Professional associations or relationships with other organizations; and
- Personal associations with other groups or organizations, or family relationships.

Any obligation, commitment, relationship or interest that could conflict or may be perceived to affect my judgment or the discharge of my duties to the College must be declared.⁵

1. A conflict with my duty to the College may arise because I hold the following offices related to denturism (appointed or elected):

| Office/Title | Professional Association/Organization |
|--------------|---------------------------------------|
| | |
| | |
| | |

³ The [Family Law Act](#) definition of “spouse” is applied. A “spouse” includes either of two persons married to each other or who are not married and have cohabitated continuously for a period of at least three years or who are in a relationship of some permanence if they are parents of a child as set out in section 4 of the [Children’s Law Reform Act](#).

⁴ If you are a newly elected Council member, you must not have held a position with any denturism-related Professional Association for at least one year at any time between the election date and the 120th day immediately before that date. If you are a newly elected and previously served as an elected Council member for nine consecutive years, at least three years must have passed by any time between the election date and the 120th day immediately before that date. See [subsections \(ii\)\(f\) and \(iv\) of section 13.01 \(“Eligibility to Run for Election”\) in the College’s by-laws](#).

⁵ A conflict of interest exists where a reasonable person would conclude that a Council or Committee member’s personal or financial interest may affect their judgment or how they discharge their duties to the College. A conflict of interest may be real, perceived, actual, potential, direct, or indirect.



The nature and extent of the conflicting office duty is/could be:

2. A conflict with my duty to the College may arise because I, or any trustee or any person on my behalf, own or possess, directly or indirectly, the following interests related to denturism:

| Interest | Professional Association/Organization |
|---|---------------------------------------|
| | |
| | |
| <p><u>The nature and extent of the conflicting interest is:</u></p> | |

3. A conflict of interest with my duty to the College could arise because I receive financial remuneration (either for services performed by me, as an owner or part owner, trustee, or employee or otherwise) from the following sources related to denturism:

| Office/Title | Professional Association/Organization |
|---|---------------------------------------|
| | |
| | |
| <p><u>The nature and extent of the conflicting interest is:</u></p> | |

4. Other than what is disclosed above, I have considered whether I have any relationships or interests that could compromise, or be perceived to compromise, my ability to exercise judgment or decision-making independently and objectively with a view to the best interests of the College and listed them below:

N/A

| Office/Title | Professional Association/Organization |
|--------------|---------------------------------------|
| | |
| | |



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Form L4 – Conflict of Interest Declaration

The nature and extent of the conflicting office duty is/could be:

Signature:

Date:

Please return this form to the Registrar and CEO of the College by one of the following methods:

Email: info@denturists-cdo.com

Fax: 416-925-6332

Mail:

College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4