

MDS MEMBER SPOTLIGHT

MDS Members - We want you!

We want you to show your speaking talents at Yankee Dental Congress 2025!

The Yankee 2025 Program Committee seeks five MDS member dentists to each offer a one-hour continuing education course. A variety of speaker topics addressing clinical dentistry and practice management will be accepted for review. Programs must be educational, providing fair and complete disclosure and equitable balance of all aspects of the presented topic. No endorsement, commercialism, or selling will be permitted. Program materials must not contain promotional influence and content. *Please note: Programs with the topic of Infection Control cannot be accepted.

The MDS Member Spotlight will be held on Thursday, January 30, 2025 and a time-slot will be assigned to each speaker.

All applications will be evaluated by the 2025 Yankee Program Member Spotlight Chair for topic, content, and description.

Please submit the following on pages 2, 3, and 4 of this document:

Speaker Information

Name, address, email address, and phone number

Resume/CV • Color photo

*Courses may be presented by an individual or multiple speakers as a panel. (4 speakers maximum)

Course Information

Title (no more than 78 characters including spaces and punctuation)

Course Description (5-7 sentences)

Learning Objectives (6-8 bullet points) e.g., "After this course attendees will be able to:"

Room Setup

The room will be setup theater style with the following standard audiovisual equipment:

Standing lighted podium, Wireless lavalier microphone, HD projector, Laser pointer, Wireless slide advancer, Laptop computer (speakers must bring their program on a flash-drive if using a computer presentation)

Projection screen (we do not offer a 3:1 screen)

**Submit proposals to Yankee2025@massdental.org with the subject line:
MDS Member Spotlight/Last Name by 12:00 pm Friday, May 24th for review.**

Only MDS members in good standing will be considered.

Email: Yankee2025@massdental.org

COURSE INFORMATION

Course Title: _____

Course Topic: _____

Course Description: Please provide a 5-7 sentence description that answers the statement: **IN THIS COURSE . . .**

If this program is qualifying for CE, in order to operate in accordance with ADA CERP standards please note that product-promotion material or product-specific advertisement of any type is prohibited in or during the continuing education program. MDS has final approval of all speakers/topics and can cancel them at anytime.

If this program does not qualify for CE, then this information does not apply.

Learning Objectives

Please list 6-8 strong learning objectives using the supplied verbs (each only once) that answer: **ATTENDEES WILL BE ABLE TO . . .**

Appropriate Course Audience (check all that apply)

☐ Assistant ☐ Dentist ☐ Hygienist ☐ Office Staff ☐ Technician

SPEAKER INFORMATION

Name _____ Designation _____

Title _____

Address _____

City/State/Zip _____

Cell Phone # _____ E-mail _____

Speakers who are licensed dentists must be ADA members.

Speaker Bio or Resume

Speaker Introduction (Max 200 words) (Will be used to introduce Speaker)

Please also attach: ☐ Speaker Photo ☐ Conflict of Interest Form ☐ Professional CV (optional)

PLEASE NOTE: All speaker information, including these attachments, must be submitted no later than **Friday, May 24th**, for your course to be considered.

EXHIBIT A

Conflict of Interest Declaration

A "Conflict of Interest" shall mean the existence or occurrence of any fact or circumstance that could reasonably be expected to, or does, cause the Presentation to be presented in a way that is intended to benefit the Speaker or a third party improperly. Without limiting the foregoing examples of Conflicts of Interest include:

1. The Speaker's or any member of the Speaker's family receiving any amount or any items of value (including free or discounted goods or services, trips, textbooks, etc.) in connection with the Presentation, other than pursuant to the Agreement
2. The Speaker's or a member of the Speaker's family being affiliated with, or having a financial interest in, any organization(s) that may be co-sponsoring a course or that has a financial interest in the subject matter of the Presentation, or
3. The Speaker's or any member of the Speaker's family having a direct or indirect financial interest in any products or services that are discussed or featured in the Presentation.

The intent of this policy is not to prevent the Speaker with an affiliation or financial interest in an organization from making a Presentation. It is rather intended that any such organization shall not benefit from the Presentation, and that any potential Conflict of Interest be identified openly so that MDS and the attendees have full disclosure of such facts and may form their own judgments about the Presentation and whether to attend the Presentation or, in the case of MDS, include the Presentation in the Yankee Dental Congress.

Declaration

I, the undersigned, declare that no Conflict of Interest exists with respect to the Presentation.

OR

I, the undersigned, declare that no Conflict of Interest exists with respect to the Presentation, except to the extent described below or on a separate page that I have attached to the Assignment.

AND

I hereby declare that I have set forth below (or on an attached page) a complete list of:

1. All my commercial affiliations (including employers, entities to which I serve or have served in the last three years as a consultant and entities in which I have a direct or indirect financial or equity interest)
2. All grants and research support that I am currently receiving
3. All honorariums and similar funding that I am currently receiving
4. All other dental-industry related sources of income that I have
5. All free products and other discounts that I receive that are not generally available to dental practices.

Conflict of Interest Declaration Summary

- Conflict of Interest Grants: _____
- Conflict of Interest Consultant: _____
- Conflict of Interest Stock: _____
- Conflict of Interest Honorarium: _____
- Conflict of Interest Other: _____
- Conflict of Interest Income: _____

Speaker Signature: _____ **Dated Completed:** _____