

UConn School of Dental Medicine Post-Event Report for an Industry-Related Event

***Must be submitted to Ms. Jennifer Lindquist via email at jlindquist@uchc.edu, by inter-office mail to mail code 3915 or in person to suite AG009 within 4 weeks after completion of industry-related event.*

A. Faculty sponsor and event information

Name of faculty sponsor:

Name of person submitting report:

Title of event:

Date of event:

Place of event:

B. Did the event take place as planned?

Yes/No

C. Did you receive prior approval for this event?

Yes/No

If no, all future requests for approval may be denied. If no, explain why the event was not pre-approved and provide assurance that approval will be sought for future events:

D. To your knowledge, were any of the assurances in the pre-approval application NOT met?

Yes/No

If yes, please explain and outline a plan to prevent this from happening in the future:

E. To your knowledge, was there any other NONCOMPLIANCE with the SDM policy on industry interactions?

Yes/No

If yes, please explain and outline a plan to prevent this from happening in the future:

Comments: