

University of California, Los Angeles

PRIOR APPROVAL FORM FOR OUTSIDE ACTIVITIES (CATEGORY I)

F or each Category I Outside Professional Activity in which you wish to engage, please complete the information requested below, o btain your Division Chair's signature and forward this document to the School of Dentistry Dean's Office, Office of Academic Affairs. Questions may be directed to the Office of Academic Affairs at (310) 206-6072.

lame:		Faculty Title:	
•	Last, First, MI		Rank, Series, Step
Division:		School:	Dentistry
ype of Cat	egory I Activity in which you will be involve	d:	
	Assuming a Founding/Co-Founding Ro	le of a Company	Executive/Managerial Role
	Outside Teaching		Research Activity
	Salaried Employee		
	Other Potential Conflict of Interest, pl	ease explain:	
مام احدمه		an /ana/in dividual.	
Seneral de	scription of the business/agency/organizat	on/group/individual:	
General de	scription of the business/agency/organizat	on/group/individual:	
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	scription of the business/agency/organizat		
Please list t			
Please list t	the web address of the company: products/services of entity described above	:	
rlease list t	the web address of the company:	eck all that apply):	
lease list t	the web address of the company: products/services of entity described above your relationship to entity named above (ch Board Member	eck all that apply):	
rlease list t	the web address of the company: products/services of entity described above	eck all that apply): Consul	ltant (1099)
Please list t	the web address of the company: products/services of entity described above four relationship to entity named above (ch Board Member Equity/Royalty Interest	eck all that apply): Consul	ltant (1099) er/Co-Founder

Description of the nature of your participation in this activity, including, if you wish, possible beneficial outcomes to areas of research, industry, and public service:

Are you involving a student(s) in this a	ctivity? Yes	No	
If yes, please describe the role of the s	student(s) below.		
Fiscal Year(s) for which you are seeking	g approval:		
Beginning/ending month/year you wil	I be involved in this a	ctivity:	
Please note approvals are granted on granted for a longer term. Any change		mation provided and generally for one Figon of a new form.	scal Year but may be
Estimated number of days of involvem	nent during a Fiscal Y	ear appointment:	
Will you be requesting a full- or part-ti	-		s No
Has a Leave of Absence Form been sul	bmitted? Yes	No	
retain earnings above the threshold.	If this activity, either you to exceed the	clude approval to exceed the time/earning alone or in combination with other of time or earnings thresholds, you must ings Thresholds).	outside professional
Plan Member's Signature	Date	Division Chair's Signature	Date
Dean's Authorization	Date	-	
VICE CHANCELLOR'S ACTION			
Approval granted through Fiscal	Year ending June 30,	·	
Request denied			
Vice Chancellor's Signature		 Date	

Prior Approval Form For Outside Activities (Category I)

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