



University of California, Los Angeles
PRIOR APPROVAL FORM FOR OUTSIDE ACTIVITIES (CATEGORY I)

For each Category I Outside Professional Activity in which you wish to engage, please complete the information requested below, obtain 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.

Name: _____ Faculty Title: _____
Last, First, MI Rank, Series, Step

Division: _____ School: Dentistry

Type of Category I Activity in which you will be involved:

- | | |
|-------------------------------------------------------|---------------------------|
| Assuming a Founding/Co-Founding Role of a Company | Executive/Managerial Role |
| Outside Teaching | Research Activity |
| Salaried Employee | |
| Other Potential Conflict of Interest, please explain: | |

General description of the business/agency/organization/group/individual:

Please list the web address of the company: _____

Activities/products/services of entity described above: _____

Nature of your relationship to entity named above (check all that apply):

- | | |
|----------------------------------|-------------------------|
| Board Member | Consultant (1099) |
| Equity/Royalty Interest | Founder/Co-Founder |
| Owner | Salaried Employee (W-2) |
| Stockholder/Partnership Interest | |
| Other, please explain: | |

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:

