surgeON

Conflict of Interest Disclosure/Image Authenticity Statements

In accordance with criterion 13 of document UEMS 2023.07.rev "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)" and the *Standard v. Commercial or Promotional Conflict of Interest*, published by the American Dental Association Continuing Education Recognition Program (ADA CERP), all surgeON presenters must sign a Conflict of Interest form to document all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship.

DISCLOSURE

☐ I have no potential conflict of interest to report

☒ I have the following potential conflict(s) of interest to report

Type of Affiliation/Financial Interest	Name of Commercial Company or Entity
Receipt of grants or research support	Orthoplus (RCT philantropic grant) BluePro (oral appliaces for clinical study)
Receipt of honoraria or consultation fees	none to disclose
Participation in a company-sponsored speakers' bureau	none to disclose
Receipt of reimbursement of CE-related expenses	none to disclose
Stock shareholder	none to disclose
Spouse/partner has a financial interest	none to disclose
Other support (please specify)	Invited as spaeker (Adapsia, Orthoplus)

IMAGE AUTHENTICITY STATEMENT

To ensure scientific integrity and compliance with CE accreditation standards, I affirm that any clinical images or treatment outcomes presented in the presentation are authentic and have not been digitally altered or misrepresented.

Name (type or print): Dr Julia Cohen-Levy

Signature:

Date: June 14th 2026