

Course Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the University of Louisville Department of Communication Disorders (ULGP) requires course planners and instructional personnel to disclose information regarding any relevant financial and nonfinancial relationships related to course content prior to and during course planning.

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Instructor personnel and course planners will be finalized only after this form has been received and reviewed by University of Louisville Department of Communication Disorders (ULGP).

Instructions: Provide the information requested ensuring that all relevant financial and nonfinancial relationships including those in your biography are disclosed on this form.

Name: De Wet Swanepoel

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: De Wet Swanepoel

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

HIPAA REQUIREMENTS

To comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all course planners and instructional personnel insure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient's/client's knowledge and written authorization.

I am in compliance with these policies: DS (INITIAL HERE)

Relevant financial relationships are those relationships in which you benefit by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution gets the grant and manages the funds and you are the principal or named investigator on the grant.

Do you have relevant financial relationships to disclose? ☐ No ☒ Yes, if yes complete the Financial Relationship Disclosure form that follows.

Relevant non-financial relationships are those relationships that might bias you including any personal, professional, political, institutional, religious or other relationship. Examples follow:

Personal: You have a personal friendship with someone in the company whose products are discussed in the course; you have a family member or friend with a disorder that will be talked about in the course.

Professional: You are a member of an association or group that is talked about or referenced in the course; you have a professional bias about a way to deliver a particular service.

Political: You have a political bias about a topic (e.g., health care reform) and your bias is toward supporting a particular party's position on this issue.

Institutional: You are affiliated with an institution or organization (e.g., serves on a committee or board of that organization); you are a member of that organization or gives money to its causes.

Religious: You have a bias based on religious tenets (e.g., a bias toward service delivery at end of life based on religious beliefs).

Do you have relevant non-financial relationships to disclose? ☒ No ☐ Yes, if yes complete the Nonfinancial Relationship Disclosure form that follows.

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify University of Louisville Department of Communication Disorders (ULGP) of any changes to this information between now and the presentation.

Course Planner/Instructional Personnel Relationship Disclosure Form

A handwritten signature in black ink, appearing to be 'Ken', written over a horizontal line.

Signature _

Date 29 May 2017

Course Planner/Instructional Personnel Relationship Disclosure Form

Financial Relationship Disclosure Form

Course Planners/Instructional personnel have a **relevant** financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Name: De Wet Swanepoel

I am serving as (check all that apply): ☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Date form completed: 29 May 2017

Please disclose your financial relationships that are relevant to the proposed course's content. *Remember to disclose any financial relationships stated in your biography that pertain to the course content.*

[illegible]

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Instructions: Provide the information requested ensuring that all relevant financial and nonfinancial relationships including those in your biography are disclosed on this form.

Name: David Stockdale

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: David Stockdale

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature  Date 5/6/17

Course Planner/Instructional Personnel Disclosure Form

Financial Relationship Disclosure Form

Course Planners/Instructional personnel have a relevant financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Name: David Stockdale

I am serving as (check all that apply): ☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Date form completed: 5/6/17

Please disclose your financial relationships that are relevant to the proposed course's content. *Remember to disclose any financial relationships stated in your biography that pertain to the course content.*

[illegible]

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Instructions: Provide the information requested ensuring that all relevant financial and nonfinancial relationships including those in your biography are disclosed on this form.

Name: Marc Shapiro

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: Marc Shapiro

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

HIPAA REQUIREMENTS

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I am in compliance with these policies: MS (INITIAL HERE)

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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature

A handwritten signature in dark ink, appearing to be 'M. St.', written over a horizontal line.

Date

2017-05-26

Financial Relationship Disclosure Form

Name: Marc Shaprio

Proposed Course Title: Internet and Audiology

Please disclose your financial relationships that are relevant to the proposed course's content. Remember to disclose any financial relationships stated in your biography that pertain to the course content.

[illegible]

Course Planner/Instructional Personnel Relationship Disclosure Form

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Instructions: Provide the information requested ensuring that all relevant financial and nonfinancial relationships including those in your biography are disclosed on this form.

Name: K. Todd Houston, PhD, CCC-SLP, LSLS Cert. AVT

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: K. Todd Houston, PhD

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

HIPAA REQUIREMENTS

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I am in compliance with these policies: KTH (INITIAL HERE)

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Course Planner/Instructional Personnel Relationship Disclosure Form

K. Todd Houston

Signature _____ Date 05/29/2017

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Name: Jingjing Xu

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: Jingjing Xu

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

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I am in compliance with these policies: JX (INITIAL HERE)

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Course Planner/Instructional Personnel Relationship Disclosure Form

A handwritten signature in black ink, appearing to read "James", is positioned above the signature line.

Signature _____ Date 5/24/2017

Course Planner/Instructional Personnel Disclosure Form

Financial Relationship Disclosure Form

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Name: Jingling Xu

I am serving as (check all that apply): ☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Date form completed: 5/24/2017

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[illegible]

Course Planner/Instructional Personnel Relationship Disclosure Form

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Instructions: Provide the information requested ensuring that all relevant financial and nonfinancial relationships including those in your biography are disclosed on this form.

Name: Annette Cleveland Nielsen

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: Annette Cleveland Nielsen

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

HIPAA REQUIREMENTS

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I am in compliance with these policies: ALNI _____ (INITIAL HERE)

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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature  Date 29-5-17

Course Planner/Instructional Personnel Relationship Disclosure Form

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Instructions: Provide the information requested ensuring that all relevant financial and nonfinancial relationships including those in your biography are disclosed on this form.

Name: ELDRÉ BEYKES

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: ELDRÉ BEUKES

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature E. Beukes Date 29.5.17

Financial Relationship Disclosure Form

Name: Eldre Benkes

I am serving as (check all that apply): ☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Date form completed: 29 May 2017

Please disclose your financial relationships that are relevant to the proposed course's content. Remember to disclose any financial relationships stated in your biography that pertain to the course content.

[illegible]

Course Planner/Instructional Personnel Relationship Disclosure Form

Nonfinancial Relationship Disclosure Form

Course Planners/Instructional personnel have a **relevant** nonfinancial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Name: ELDRÉ BEUKES

I am serving as (check all that apply): ☐ Course Planner

☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Please disclose your nonfinancial relationships that are to the proposed course's content. Remember to disclose any nonfinancial relationships stated in your biography that pertain to the course content.

Name of Company, Organization, Person or Thing Example: Better Hearing for All	Type of Nonfinancial Relationship				Bias
	Personal	Professional	Political	<u>Institutional</u>	Religious
	I am a member of the organization			Serve as chair for the ad hoc committee on universal coverage for hearing aids	
Linköping University	I am using their web-based	platform.		I am using their web-based platform as an affiliation.	

Course Planner/Instructional Personnel Relationship Disclosure Form

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Instructions: Provide the information requested ensuring that all relevant financial and nonfinancial relationships including those in your biography are disclosed on this form.

Name: Michelle Hughes

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: "Remote Programming for Pediatric Cochlear Implant Recipients" at the 2017 Internet & Audiology Conference

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: Michelle Hughes

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: "Remote Programming for Pediatric Cochlear Implant Recipients" at the 2017 Internet & Audiology Conference

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I am in compliance with these policies: mlh (INITIAL HERE)

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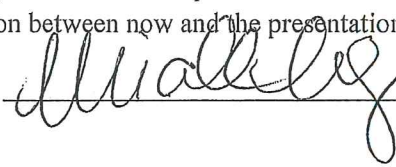
Religious: You have a bias based on religious tenets (e.g., a bias toward service delivery at end of life based on religious beliefs).

Do you have relevant non-financial relationships to disclose? ☐ No ☒ Yes, if yes complete the Nonfinancial Relationship Disclosure form that follows.

Course Planner/Instructional Personnel Relationship Disclosure Form

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify University of Louisville Department of Communication Disorders (ULGP) of any changes to this information between now and the presentation.

Signature

A handwritten signature in cursive script, appearing to read "M. K. Kelly", written over a horizontal line.

Date 5/31/2017

Course Planner/Instructional Personnel Relationship Disclosure Form

Nonfinancial Relationship Disclosure Form

Course Planners/Instructional personnel have a **relevant** nonfinancial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Name: Michelle Hughes

I am serving as (check all that apply): ☐ Course Planner ☒ Instructional Personnel (i.e., Presenter /Author /Content Creator)

Proposed Course Title: "Remote Programming for Pediatric Cochlear Implant Recipients" at the 2017 Internet & Audiology Conference

Please disclose your nonfinancial relationships that are to the proposed course's content. *Remember to disclose any nonfinancial relationships stated in your biography that pertain to the course content.*

Name of Company, Organization, Person or Thing	Type of Nonfinancial Relationship				Bias
	Personal	Professional	Political	Institutional	Religious
American Auditory Society (member)		X			
American Academy of Audiology (member)		X			
American Speech Language Hearing Assoc. (member)		X			
Acoustical Society of America (member)		X			
Ear and Hearing Editorial Board		X			

Course Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the University of Louisville Department of Communication Disorders (ULGP) requires course planners and instructional personnel to disclose information regarding any relevant financial and nonfinancial relationships related to course content prior to and during course planning.

Based on the information provided, University of Louisville Department of Communication Disorders (ULGP) will engage the course planner/instructional personnel in a guided interview process which seeks to understand how the relevant financial or nonfinancial relationship may influence the content of the course.

Instructor personnel and course planners will be finalized only after this form has been received and reviewed by University of Louisville Department of Communication Disorders (ULGP).

Instructions: Provide the information requested ensuring that all relevant financial and nonfinancial relationships including those in your biography are disclosed on this form.

Name: Elisabet Thorén

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: Elisabet Thorén

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology

HIPAA REQUIREMENTS

To comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all course planners and instructional personnel insure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient's/client's knowledge and written authorization.

I am in compliance with these policies: ELSA _____ (INITIAL HERE)

Relevant financial relationships are those relationships in which you benefit by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution gets the grant and manages the funds and you are the principal or named investigator on the grant.

Do you have relevant financial relationships to disclose? ☐ No ☒ Yes, if yes complete the Financial Relationship Disclosure form that follows.

Relevant non-financial relationships are those relationships that might bias you including any personal, professional, political, institutional, religious or other relationship. Examples follow:

Personal: You have a personal friendship with someone in the company whose products are discussed in the course; you have a family member or friend with a disorder that will be talked about in the course.

Professional: You are a member of an association or group that is talked about or referenced in the course; you have a professional bias about a way to deliver a particular service.

Political: You have a political bias about a topic (e.g., health care reform) and your bias is toward supporting a particular party's position on this issue.

Institutional: You are affiliated with an institution or organization (e.g., serves on a committee or board of that organization); you are a member of that organization or gives money to its causes.

Religious: You have a bias based on religious tenets (e.g., a bias toward service delivery at end of life based on religious beliefs).

Do you have relevant non-financial relationships to disclose? ☒ No ☐ Yes, if yes complete the Nonfinancial Relationship Disclosure form that follows.

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify University of Louisville Department of Communication Disorders (ULGP) of any changes to this information between now and the presentation.

Course Planner/Instructional Personnel Relationship Disclosure Form

Signature Elizabeth Kim Date 29/5 2017

Financial Relationship Disclosure Form

Name: Elisabet Thorén

Proposed Course Title: Internet and Audiology

Please disclose your financial relationships that are relevant to the proposed course's content. Remember to disclose any financial relationships stated in your biography that pertain to the course content.

[illegible]

Course Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, University of Louisville Department of Communication Disorders (ULGP) will engage the course planner/instructional personnel in a guided interview process which seeks to understand how the relevant financial or nonfinancial relationship may influence the content of the course.

Instructor personnel and course planners will be finalized only after this form has been received and reviewed by University of Louisville Department of Communication Disorders (ULGP).

Instructions: Provide the information requested ensuring that all relevant financial and nonfinancial relationships including those in your biography are disclosed on this form.

Name: Moumita Choudhury

I am serving as (check all that apply):

☐ Course Planner ☒ Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: Internet and Audiology