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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: Name: Neal Ruperto

I am serving as (check all that apply):

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

Proposed Course Title: Internet and Audiology

Name: Neal Ruperto
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:(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 July	Date 5/28/17

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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).

Hollinancial relationships morataring to the
Name: Saleth Monica . D
I am serving as (check all that apply):
Course Planner Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title: Internet and Audiology

Name: Saleth Monica.D
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:(INITIAL HERE)
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Scanned by CamScanner

Course Planner/Instructiona	l Personnel Relationship Disclosure	Form
Signature D. Salch	Po	Date 28/5/17

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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).

Name: <u>Deborah Viviane Ferrari</u>	
I am serving as (check all that apply):	
☐ Course Planner ☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)	
Proposed Course Title: Internet and Audiology	

Name: Deborah Viviane Ferrari
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: DVF (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.
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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.

Signature

Date02/06/2017

Financial Relationship Disclosure Form

Course Planners/Instructional personnel have a relevant financial relationship if that relationship could influence the information presented in the flint of inton noo

course and could be perceived as a conflict of interest by learners.	
Name: Deborah Viviane Ferrari	
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:June 2 nd , 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.

	Other	(describe)					
	-	Interest (
(e)	Gift (
you receiv	Grants		X		_		
nancial asset	Hold	Patent on	amamdin ha				
(role or fin	Royalty				van		
Relationship	Speaking	Fee					
Type of Financial Relationship (role or financial asset you receive)	Intellectual	Fee Property Fee Patent on	Mights				
Type	Consulting	Fee		e ⁽⁴			
	Salary						
	Honoraria						
Name of	Company or	Organization	Brazilian MoH				

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.

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,		, i	Nonfina	cial Relationship	;	Š
Organization,	Personal	Professional	Political	Institutional	Religious	Bias
Person or Thing						
University of Sao		I am a professor				
Paulo		in this University				

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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).

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

Name: David Stockdale
I am serving as (check all that apply):
☐ Course Planner ☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title: <u>Internet and Audiology</u>
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: (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.
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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.
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information between now and the presentation.

C	Dlaman	/Transference attacks and I	Damaamaal	Dalationship	Disalasuma	Form
Course	Planner	Instructional	rersonner	Kelanonamp	Disclosure	LOIII

Signature D. Signature

Date 5/6/17

Financial Relationship Disclosure Form

Course Planners/Instructional personnel have a relevant financial course and could be perceived as a conflict of interest by learners.	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	
am serving as (check all that apply): Course Planner	oxtimes Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title: Internet and Audiology	
Date form completed: <u>5/6/1</u> 7	

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.

					_					
	Other	(acar inch								
	Grants Gift Ownership Other Interest (describe)	THE COL								
(e)	Gift									
you receiv	Grants									
Type of Financial Relationship (role or financial asset you receive)	Hold Patent on	Equipment								
(role or fi	Royalty									
Relationship	Speaking Fee	T.CC								
of Financial F	Consulting Intellectual Speaking Royalty Hold	Rights		X						
Type	Consulting	L' CC		X						
	Salary						×			8
	Honoraria Salary									
Name of	Company or	Organization	Example:	Proctor and	Gamble	British Tinnitus		Association		

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Name: Harvey B. Abrams	
I am serving as (check all that apply):	
☐ Course Planner ☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)	
Proposed Course Title: Internet and Audiology	

Name: Harvey B. Abrams
I am serving as (check all that apply):
☐ Course Planner ☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title: <u>Internet and Audiology</u>
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I am in compliance with these policies:HBA(INITIAL HERE)
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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete the Nonfinancial Relationship Disclosure form that follows.

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	sonnel Relationship Disclosure Form
Signature _ / Socceeeee_	Date <u>5/17/2017</u>

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.

lame: Harvey B. Abrams	
am serving as (check all that apply): 🔲 Course Planner	oxtimes Instructional Personnel (i.e., Presenter/Author/Content Creator)
roposed Course Title: Internet and Audiology	
ate form completed: May 24, 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.

	Other	(describe)					
		Interest					
(a	Gift						
vou receive	Grants						
Type of Financial Relationship (role or financial asset you receive)	Hold	Patent on	Equipment				
(role or fin	Royalty	8	٥				
Relationship	Speaking	Fee					
of Financial F	Intellectual	Property	Rights				
Type	Consulting	Fee Property Fee Patent on		×			
	Salary	•					
	Honoraria						
Name of	Company or	Organization		Starkey Hearing Technologies			

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Name: Odile Clavier
I am serving as (check all that apply):
☐ Course Planner ☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title: Internet and Audiology

Name: Odile Clavier
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:OHC(INITIAL HERE)
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University of Louisville Department of Communication Disorders (ULGP) of any changes to this
information between now and the presentation. Signature Date 05/25/2017
Signature Date <u>05/25/2017</u>

Financial Relationship Disclosure Form

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Name: Odile Clavier	
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: 05/25/2017	

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.

	,	(e)					
	Other	(describ		ē.			ži.
	Grants Gift Ownership Other	Interest (describe)				2	
you receive)	Gift						
	Grants						
nancial asset	Hold	Patent on Equipment					
(role or fi	Royalty						
Relationship	Speaking	Fee					
Type of Financial Relationship (role or financial asset you receive)	Intellectual	Property Rights					
	Consulting	Fee Property Fee Patent on Rights Equipment					
	Salary		X				
	Honoraria						
Name of	Company or	Organization	Creare				

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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).

Name: Kelly Watts, Au.D.				
I am serving as (check all that apply):				
☐ Course Planner ☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)				
Proposed Course Title: Internet and Audiology				

Name: Kelly Watts, Au.D.
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:KW(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.
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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.

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Course Planner/Instructional Personnel Relationship Disclosure Form WATTS.KELLY.LYNNE.1468316222 Div. c=US, o=U.S. Government, ou=Poly, ou=CONTRACTOR, Outperful Course Course

Date5/24/2017

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.

Vame: Kelly Watts, Au.D.	
l am serving as (check all that apply): \square Course Planner	oxtimes Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title: Internet and Audiology	
Date form completed: <u>5/24/2017</u>	

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.

	ther	(describe)					
	d						
	Owne	Interest					
ve)	Gift						
you receiv	Grants						×
Type of Financial Relationship (role or financial asset you receive)	Hold	Patent on Equipment					
(role or fi	Royalty						
Relationship	Speaking	Fee					
of Financial R	Intellectual	Property Rights	X				
Type	Consulting	Fee Property Fee Patent on Rights Equipmen	X				
	Salary	•		×			
	Honoraria						
Name of	Company or	Organization	Example: Proctor and Gamble	zCore Business			

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: Kelly Watts, Au.D.	
I am serving as (check all that apply): 🔲 Course Planner	oxtimes 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,			Type of Nonfinar	Type of Nonfinancial Relationship		
Organization,	Personal	Professional	Political	Institutional	Religious	Bias
Person or Thing				To the state of th		
Example:				Serve as chair for		
Better Hearing for All				the ad hoc		
	I am a member of			committee on		
	the organization			universal		
				coverage for		
				hearing aids		
DoD Hearing Center		I am the				
of Excellence		Northeast				
		Regional				
		Research				
		Administrator				
ASHA	I am a member of					
	the organization					
AAA	I am a member of					ž
	the organization					
ISA	I am a member of	i.				
	the organization					

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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: GABRIELLA TOGNOLA				
I am serving as (check all that apply):				
☐ Course Planner ☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)				
Proposed Course Title: Internet and Audiology				

Name: SABRIELLA TOGNOLA		
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.		
l am in compliance with these policies: (INITIAL HERE) PRIVACY POLICIES of the HOSPITAL IN 17ALY WE COLLE		
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 Tyes, 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 Pe	ersonnel Relationship	Disclosure Form
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Signature Soleille Voguele Date Hy 25, 2017

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).

Name: Jesse Norris	
I am serving as (check	all that apply):
Course Planner	☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title:	Internet and Audiology

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 Relation	ishi	p Disc	losure	Form
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Signature Jesse a Norws

Date 2016 May 26

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: Jesse Norris	
I am serving as (check all that apply): 🔲 Course Planner	oxtimes Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title: Internet and Audiology	
Date form completed:2016 May 26	

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.

	٤	ribe)					
	Other	(desc)					
	Ownership Other	Interest					
re)	Gift						
you receiv	Grants Gift						
Type of Financial Relationship (role or financial asset you receive)	Hold	Patent on Equipment					
(role or fi	Royalty						
Relationship	Speaking	Fee					
of Financial F	Intellectual	Property Rights	X				
Type	Consulting	Fee Property Fee Patent on Rights Equipment	X				
	Salary			×			
	Honoraria						
Name of	Company or	Organization	Example: Proctor and Gamble	Creare LLC	1		

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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).

Name: Valeriy Shafiro	
I am serving as (check	all that apply):
Course Planner	☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title:	Internet and Audiology

Name: Valeriy Shafiro
l 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: (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 week, if yes complete the Financial Polationship Polatio
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:
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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.

Ξ

Date

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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.
	Financial Relationship Disclosure Form Course Planners/Instructional personnel have a relevant financial relationship if that relationship could influence the information presented in the

Name: Valeriy Shafiro	
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: May 30, 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.

Name of		Tenanti- printing-official	Type	of Financial R	elationship	(role or fin	Type of Financial Relationship (role or financial asset you receive)	vou receiv	re)		
Company or	Honoraria	Salary	Honoraria Salary Consulting	Intellectual Speaking Royalty Hold	Speaking	Royalty	Hold	Grants	Gift	Grants Gift Ownership Other	Other
Organization			Fee	Property Rights	Fee		Patent on	-		Interest	(describe)
Rush University Medical Center		×									
American											
Speech											
Language								×			
Hearing											
Foundation											
And the second of the second o			The state of the s	The state of the s	The second secon	Collision of the Owner, Spinster, Sp	The second secon	The second live of the second li	The state of the s	ACCOUNTS OF THE PERSON ASSESSMENT OF THE PERSO	And the second S

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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).

Name: Charles S. Watso	n	
I am serving as (check	all that apply):	
Course Planner	☑ Instructional Personnel (i.e., Presenter/Author/Content Creator)	
Proposed Course Title: I	nternet and Audiology	

Name: Charles S. Watson
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:(INITIAL HERE)
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Do you have relevant financial relationships to disclose? No X Yes, if yes complete the Financial Relationship Disclosure form that follows.
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Do you have relevant non-financial relationships to disclose? X 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.

	alwan	
Signature		Date June 5,2017

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: Charles S. Watson	
I am serving as (check all that apply): 🔲 Course Planner	oxtimes Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title: Internet and Audiology	
Date form completed: June 5, 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.

Name of Company or			Ty	Type of Financial Relationship (role or financial asset you receive)	al Relations	hip (role o	r financial ass	set you rec	eive)		
Organization	Ho	Salary	Salary Consulting Intellectual Speaking Royalty Hold	Intellectual	Speaking	Royalty	Hold	Grants	Gift	Grants Gift Ownership Other	Other
	nor		Fee	Property	Fee		Patent on			Interest (describe)	(describe)
	aria			Rights			Equipment				
Example: Proctor and Gamble			X	X							
Communication							÷.				
Disorders Technology,		×		X				×		×	
						di.					

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Name: Dennis Barbour	
I am serving as (check	all that apply):
Course Planner	☐ Instructional Personnel (i.e., Presenter/Author/Content Creator)
Proposed Course Title:	Internet and Audiology

Name: Dennis Barbour
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:DB(INITIAL HERE)
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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).
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Signature	Denns	Barbon	Date 31 May 201
Signature	Denns	Barbon	Date 31 May 20

Financial Relationship Disclosure Form

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

	Date form completed:31 May 2017
	Proposed Course Title: Internet and Audiology
igtimes Instructional Personnel (i.e., Presenter/Author/Content Creator)	I am serving as (check all that apply): \square Course Planner
	Name: Dennis Barbour

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

				University	Washington	Example: Proctor and Gamble	Company or Organization	Name of
							Honoraria	
							Salary	
						X	Consulting Fee	Type
						X	Consulting Intellectual Speaking Royalty Fee Property Fee Rights	of Financial I
							Speaking Fee	Relationship
n.							Royalty	(role or f
						,	Hold Patent on Equipment	Type of Financial Relationship (role or financial asset you receive)
							Grants	you recei
							Gift	ve)
							Ownership Interest	
	granted	but not	been filed	patent has	Inventor;		Other (describe)	