

### **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: 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

## Course Planner/Instructional Personnel Relationship Disclosure Form

Name: Neal Rupert

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: NR (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.

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**Course Planner/Instructional Personnel Relationship Disclosure Form**

Signature  Date 5/28/17

## 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: 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



## Course Planner/Instructional Personnel Relationship Disclosure Form

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

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

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**Course Planner/Instructional Personnel Relationship Disclosure Form**

Signature D. Salazar Date 28/5/17

## 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: 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

## Course Planner/Instructional Personnel Relationship Disclosure Form

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

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

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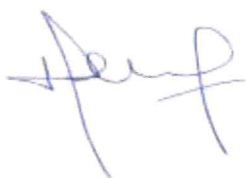
Religious: You have a bias based on religious tenets (e.g., a bias toward service delivery at end of life based on religious beliefs).

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## Course Planner/Instructional Personnel Relationship Disclosure Form

Signature

A handwritten signature in blue ink, appearing to be 'J. P. F.', written over a horizontal line.

Date 02/06/2017



## Financial Relationship Disclosure Form

Name: Deborah Viviane Ferrari

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Proposed Course Title: Internet and Audiology

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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: 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

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					
	Personal	Professional	Political	Institutional	Religious	Bias
University of Sao Paulo		I am a professor in this University				

## 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: 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

### HIPAA REQUIREMENTS

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

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**Course Planner/Instructional Personnel Relationship Disclosure Form**

Signature  Date 5/6/17





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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: 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\_\_\_\_\_

## Course Planner/Instructional Personnel Relationship Disclosure Form

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\_\_\_\_\_

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

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## Course Planner/Instructional Personnel Relationship Disclosure Form

Signature  Date 5/17/2017

## Financial Relationship Disclosure Form

Name: Harvey B. Abrams

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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]



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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: 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

## Course Planner/Instructional Personnel Relationship Disclosure Form

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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Signature



Date 05/25/2017

## Financial Relationship Disclosure Form

Name: Odile Clavier

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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: 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



## Course Planner/Instructional Personnel Relationship Disclosure Form

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

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

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## Course Planner/Instructional Personnel Relationship Disclosure Form

Signature WATTS.KELLY.LYNNE.1468316222

Digitally signed by WATTS.KELLY.LYNNE.1468316222  
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=CONTRACTOR,  
cn=WATTS.KELLY.LYNNE.1468316222  
Date: 2017.05.24 10:21:35 -04'00'

Date 5/24/2017

## Financial Relationship Disclosure Form

Name: Kelly Watts, Au.D.

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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

Nonfinancial Relationship Disclosure Form

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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

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Name of Company, Organization, Person or Thing	Type of Nonfinancial Relationship					
	Personal	Professional	Political	Institutional	Religious	Bias
Example: Better Hearing for All	I am a member of the organization			Serve as chair for the ad hoc committee on universal coverage for hearing aids		
DoD Hearing Center of Excellence		I am the Northeast Regional Research Administrator				
ASHA	I am a member of the organization					
AAA	I am a member of the organization					
ISA	I am a member of the organization					

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Name: GABRIELLA TOSNOLA

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: GABRIELLA TOSNOLA

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: \_\_\_\_\_ (INITIAL HERE) PRIVACY POLICIES of the HOSPITAL IN ITALY WE COLLECTE

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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.

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 Schilla T. Quora Date May 25, 2017

## 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: 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

## Course Planner/Instructional Personnel Relationship Disclosure Form

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

### 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: Jesse A Norris (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



Date 2016 May 26

## Financial Relationship Disclosure Form

Name: Jesse Norris

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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: 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

# Course Planner/Instructional Personnel Relationship Disclosure Form

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

## HIPAA REQUIREMENTS

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I am in compliance with these policies: VS (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.

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.

**Public Employment Professional Personnel Relationship Disclosure Form**

*[Handwritten Signature]*

Date \_\_\_\_\_



## Financial Relationship Disclosure Form

Name: Valeriy Shafiro

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 Company or Organization	Type of Financial Relationship (role or financial asset you receive)										
	Honoraria	Salary	Consulting Fee	Intellectual Property Rights	Speaking Fee	Royalty	Hold Patent on Equipment	Grants	Gift	Ownership Interest	Other (describe)
Rush University Medical Center		x									
American Speech Language Hearing Foundation								x			

## 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: 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



## Course Planner/Instructional Personnel Relationship Disclosure Form

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: CSW (INITIAL HERE)

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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.

## 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 black ink, appearing to be 'J. Smith', is written over the signature line.

\_\_\_\_\_ Date June 5, 2017

## Financial Relationship Disclosure Form

Name: Charles S. Watson

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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: 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



## Course Planner/Instructional Personnel Relationship Disclosure Form

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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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.

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 Dennis Barlow \_\_\_\_\_ Date 31 May 2017

