

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.

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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: Kate Greenwell

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: Kate Greenwell

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: KG (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.

Course Planner/Instructional Personnel Relationship Disclosure Form

Signature K.Greenwell Date 31/05/17

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: David Moore

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 Moore

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: __DRM__ (INITIAL HERE)

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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature David R. Moore Date 05/30/17

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: Melanie Ferguson

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: Melanie Ferguson

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: MAF (INITIAL HERE)

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Course Planner/Instructional Personnel Relationship Disclosure Form

Melanie Fagnola

Signature _____

_____ Date 31.5.17

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: Laura Coco

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: Laura Coco

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: _____ LC _____ (INITIAL HERE)

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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature

A handwritten signature in cursive script, appearing to be 'JMS', written in black ink.

Date 5/24/17

Course Planner/Instructional Personnel Relationship Disclosure Form

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Name: HUSMITA RATANJEE-VANMALI

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: HUSMITA RATANJEE-VANMALI

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Proposed Course Title: Internet and Audiology

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I am in compliance with these policies: H.N.R.V. (INITIAL HERE)

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Signature H.N.R.V.

Date 25/05/2017

Financial Relationship Disclosure Form

Name: HUSMITA RATANJEE-ANUMALI

Proposed Course Title: Internet and Audiology

Date form completed: 25/05/2017.

[illegible]

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Name: BRUNO ELIAS PENTEADO

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: _____

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)

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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature Bruno Elias Lencastre Date: 02 June 2017

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: Tia McDonald

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: Tia McDonald

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: TM (INITIAL HERE)

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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature Tia McDonald Date May 25, 2017

Course Planner/Instructional Personnel Relationship Disclosure Form

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Name: David Maidment

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 Maidment

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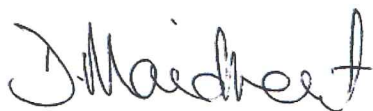
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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature

A handwritten signature in black ink, appearing to read "J. Maidment". The signature is written in a cursive style with a large initial "J" and a distinct "M".

Date May 24th, 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: David Maidment

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 24th, 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)										Other (describe)
	Honoraria	Salary	Consulting Fee	Intellectual Property Rights	Speaking Fee	Royalty	Hold Patent on Equipment	Grants	Gift	Ownership Interest	
University of Nottingham		X									
Starkey Hearing Laboratories											Provided devices free-of-charge for research purposes.

Course Planner/Instructional Personnel Relationship Disclosure Form

Nonfinancial Relationship Disclosure Form

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Name: David Maidment

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 Nottingham		Employed by the University of Nottingham, Otology and Haring Group, Division of Clinical Neuroscience, School of Medicine				
National Institute of Hearing Research (NIHR) Nottingham Biomedical Research Centre (BRC)				Institutional affiliation		
Nottingham University Hospitals NHS Trust				Co-author (Dr Melanie Ferguson)		

Course Planner/Instructional Personnel Relationship Disclosure Form

Name: VIDYA RAMKUMAR

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: VR (INITIAL HERE)

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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.

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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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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 VR

Date 30/5/17

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: VIDYA RAMKUMAR

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: Akuan Rosemond

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.

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A. Rosemond

Date 31/05/17

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Name: Alicia Rosenblatt

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: Katja Lund

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: Katja Lund

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: Katja Lund (KL)

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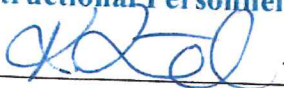
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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature



Date

1/6 2017