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: 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

Signature: [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.*

<table>
<thead>
<tr>
<th>Name of Company or Organization</th>
<th>Honoraria</th>
<th>Salary</th>
<th>Consulting Fee</th>
<th>Intellectual Property Rights</th>
<th>Speaking Fee</th>
<th>Royalty</th>
<th>Hold Patent on Equipment</th>
<th>Grants</th>
<th>Gift</th>
<th>Ownership Interest</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phonak</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sivantos</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Pretoria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hearScreen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hearX Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Ida Institute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


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: 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

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 ________________________________ Date 5/6/17
<table>
<thead>
<tr>
<th>Type of Financial Relationship (role or financial asset you receive)</th>
<th>Association</th>
<th>British Families</th>
<th>College</th>
<th>Example: Grade of Professor and Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual Property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consulting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company or Organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

I am stating as (check all that apply): □ Course Planner □ Institutional Personnel (e.g., President/Dean/Summer Coordinator)

Name: David Stoeckle

Due form completed: 2/6/17

Proposed Course Title: Intellectual and Academic

Course Planner/Institutional Personnel: the relationship could influence the information presented in the course.

Financial Relationship Disclosure Form
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: 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

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:  M $ (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 2017-05-26
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: 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

Date form completed: May 26, 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.

<table>
<thead>
<tr>
<th>Name of Company or Organization</th>
<th>Type of Financial Relationship (role or financial asset you receive)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Honoraria</td>
</tr>
<tr>
<td>Example: Proctor and Gamble</td>
<td>X</td>
</tr>
<tr>
<td>Creare LLC</td>
<td>X</td>
</tr>
</tbody>
</table>
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: 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

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: _KTH________ (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 05/29/2017

K. Todd Houston
<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Company or Institution of Financial Relationship (role or financial asset you receive)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please disclose your financial relationships that are relevant to the proposed course content. Remember to disclose any financial relationships included in your biographical information that may be relevant to the course content.

Date Form completed: 9/29/2017

Proposed Course Title: Internet and Aulimogy

I am serving as (check all that apply): [Course Planner] [Course Instructor]

Name: [Last Name, First Name, Middle Initial]

Conflict of Interest: This personal disclosure form has a RELEVANT financial relationship could influence the information presented in the course.

Course Planner/Institutional Personnel Relationship Disclosure Form
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: 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

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: JX (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? ☑ 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? ☑ 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 5/24/2017
### Type of Financial Relationship (role or financial asset you receive)

<table>
<thead>
<tr>
<th>Other (describe)</th>
<th>Ownership</th>
<th>Interest</th>
<th>Chair</th>
<th>Hold</th>
<th>Equipment</th>
<th>Patent on</th>
<th>Royalty</th>
<th>Speaking</th>
<th>Intellectual Property Rights</th>
<th>Free Consulting</th>
<th>Free Speaking</th>
<th>Expert</th>
<th>Company or Organization Name or Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

__Date Form Completed:__ 5/2/2017

__Proposed Course Title:__ Internet and Audiology

I am serving as __Presenter/Author/Content Creator__ (check all that apply):  
- Course Planner

__Name:__ Jinhua Xu

A financial relationship could be perceived as a conflict of interest by learners. Course planners/institutional personnel must disclose any financial relationships that could influence the information presented in the course. Financial Relationship Disclosure Form
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: 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
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

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: ALNI_ (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/Instructor Personnel Relationship Disclosure Form

Signature

Date 29.5.17
<table>
<thead>
<tr>
<th>Name of Organization or Company of Employment</th>
<th>Royalty</th>
<th>Consulting Fees</th>
<th>Stock Options</th>
<th>Speaking Fee</th>
<th>Honoraria</th>
<th>Salary</th>
<th>Title or Position on the Firm's Payroll</th>
<th>Equipment Fee</th>
<th>Patent on Connected Equipment</th>
<th>Other Interest (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Center</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part of Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please disclose any financial relationships that are relevant to the proposed course. Remember to disclose any financial relationships that are relevant to the proposed course and could be perceived as a conflict of interest by learners.

Course Planner/Institutional Personnel have a relevant financial relationship if that relationship could influence the information presented in the course.

Course Planner/Institutional Personnel

Financial Relationship Disclosure Form
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: ____________________________

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: **ELORE 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**

HIPAA REQUIREMENTS

To comply with the Health Insurance Portability and Accountable 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: **EB** (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: [Signature] Date: 29.5.17
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: Elche 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

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.

<table>
<thead>
<tr>
<th>Name of Company or Organization</th>
<th>Type of Financial Relationship (role or financial asset you receive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Proctor and Gamble</td>
<td>Honoraria Consulting Fee Intellectual Property Rights Speaking Fee Royalty Hold Patent on Equipment Grants Gift Ownership Interest Other (describe)</td>
</tr>
<tr>
<td>Angela Rix University</td>
<td>X</td>
</tr>
<tr>
<td>BSA Research Grant</td>
<td>Small grant</td>
</tr>
</tbody>
</table>
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.*

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

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: ______ mlh ______ (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.
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 ___________________________ Date 5/31/2017
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: 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

Date form completed: 5/31/2017

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.*

<table>
<thead>
<tr>
<th>Name of Company or Organization</th>
<th>Type of Financial Relationship (role or financial asset you receive)</th>
</tr>
</thead>
</table>
| Boys Town National Research Hosp. | Honoraria  

| NIH | Consulting Fee  

| Plural Publishing | Intellectual Property Rights  

| Appalachian Spring Conf. (Mountain Home VA) | Salary  

| Royalty  

| Holding Patent on Equipment  

| Grants  

| Gift  

| Ownership Interest  

| Other (describe)  

| Honoraria | Consulting Fee | Intellectual Property Rights | Speaking Fee | Royalty | Holding Patent on Equipment | Grants | Gift | Ownership Interest | Other (describe) | X | X | X | X |
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.

<table>
<thead>
<tr>
<th>Name of Company, Organization, Person or Thing</th>
<th>Personal</th>
<th>Professional</th>
<th>Political</th>
<th>Institutional</th>
<th>Religious</th>
<th>Bias</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Auditory Society (member)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Academy of Audiology (member)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Speech Language Hearing Assoc. (member)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acoustical Society of America (member)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear and Hearing Editorial Board</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>HIPAA REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Relevant financial relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Relevant non-financial relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>are those relationships that might bias you including any personal, professional, political, institutional, religious or other relationship. Examples follow:</td>
</tr>
</tbody>
</table>

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 29/5/2017
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: 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

Date form completed: 29/5 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.

<table>
<thead>
<tr>
<th>Name of Company or Organization</th>
<th>Honoraria</th>
<th>Salary</th>
<th>Consulting Fee</th>
<th>Intellectual Property Rights</th>
<th>Speaking Fee</th>
<th>Royalty</th>
<th>Hold Patent on Equipment</th>
<th>Grants</th>
<th>Gift</th>
<th>Ownership Interest</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Proctor and Gamble</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eriksholm Research Centre, part of Oticon</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: 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