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: 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.

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

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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 3/1/05/17
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

HIPAA REQUIREMENTS

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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)

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

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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

HIPAA REQUIREMENTS

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I am in compliance with these policies: LC (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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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature

Date 5/24/17
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: **HUSMITA RATANJEE-VANMALLI**

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 RANJANEE-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

HIPAA REQUIREMENTS

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

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Signature

Date 25/06/2017
Please disclose your financial relationships that are relevant to the proposed course content. Remember to disclose any financial relationships.

<table>
<thead>
<tr>
<th>Type of Financial Relationship (role or financial asset you receive)</th>
<th>Name of Organization or Company or Other (describe)</th>
<th>Interest Owneership</th>
<th>Other Ownership</th>
<th>Other</th>
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Please disclose your financial relationships that are relevant to the proposed course content. Remember to disclose any financial relationships.

Name: [Name]
Institutional Personnel (i.e., Presenter/Author/Conference Chair)

Date: [Date]
Proposal Course Title: [Title]
Institutional Personnel (i.e., Presenter/Author/Conference Chair)

[ ] Institution Personnel
[ ] Presenter
[ ] Author
[ ] Conference Chair

Financial Relationship Disclosure Form
This course may be viewed as a conflict of interest by learners.

Course Planner/Institutional Personnel Relationship Disclosure Form
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: 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

HIPAA REQUIREMENTS

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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  [Signature] 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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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 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

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: DM (INITIAL HERE)

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Course Planner/Instructional Personnel Relationship Disclosure Form

Signature

Date May 24th, 2017
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<th>Company or Institution</th>
<th>Free/Equity</th>
<th>Patents on Grant or Patent</th>
<th>Hold Royalty</th>
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<th>Consulting Fee</th>
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# Financial Relationship Disclosure Form

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

Date: May 24, 2017

Proposed Course Title: Internal and Audiology

I am selecting: (check all that apply): [ ] Course Planner

Name: [Redacted]

Course Planner/Institutional Personnel: Personal Relationship Disclosure Form

[Redacted]
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: David Maidment

I am serving as (check all that apply): [ ] Course Planner   [x] 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>Type of Nonfinancial Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Nottingham</td>
<td>Personal: Employed by the University of Nottingham, Otology and Haring Group, Division of Clinical Neuroscience, School of Medicine</td>
</tr>
<tr>
<td></td>
<td>Professional:</td>
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<td>Political:</td>
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<td>Institutional:</td>
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<td></td>
<td>Religious:</td>
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<tr>
<td></td>
<td>Bias:</td>
</tr>
<tr>
<td>National Institute of Hearing Research (NIHR) Nottingham Biomedical Research Centre (BRC)</td>
<td>Institutional affiliation</td>
</tr>
<tr>
<td>Nottingham University Hospitals NHS Trust</td>
<td>Co-author (Dr Melanie Ferguson)</td>
</tr>
</tbody>
</table>
Name: **Vidya Ramkumar**

I am serving as (check all that apply):

- [ ] Course Planner
- [x] 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.

Signature [ ] Date 8/5/17
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: Vidyam S. 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/Instructonal Personnel Relationship Disclosure Form

Name: Ayden Rosecrans

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 receive the privacy of their patients/clients by withholding from using names, photographs, or other patient/client identifiers in course materials without the patient/client's knowledge and written authorization.

I am in compliance with these policies: (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.

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.

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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 belief).

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 (ULD) of any changes to this information between now and the presentation.

Signature: Date: 5/10/2019
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 (ULCDP) requires course planners and instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning.

Based on the information provided, University of Louisville Department of Communication Disorders (ULCDP) 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 (ULCDP).

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 Auditory
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: Karja 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

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: Katja Lund (KL)

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.

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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? ☒ 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 1/6/2017