# Course Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association’s Continuing Education Board’s Requirements, course planners and instructional personnel must disclose information regarding any relevant financial and nonfinancial relationships related to course content prior to and during course planning. Continuing education credits for the **2022 Joint DoD/VA Audiology Conference (JDVAC)** are being developed in cooperation with **Signia**,who will be acting as the program sponsor, according to ASHA’s guidelines.

Based on the information provided, **JDVAC** seeks to understand how the relevant financial or nonfinancial relationship may influence the content of the course.

**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 [x]  Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Session Title: **\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Instructional personnel: Insert proposed learner outcomes for course:

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Instructional personnel: Insert your biography or resume:

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Name: \_

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| HIPAA REQUIREMENTSTo 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 **JDVAC** of any changes to this information between now and the presentation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

## *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: \_

I am serving as (check all that apply): [ ]  Course Planner [x]  Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Session Title:

Date form completed:

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

| **Name of Company or Organization** | **Type of Financial Relationship (role or financial asset you receive)** |
| --- | --- |
| **Honoraria** | **Salary** | **Consulting Fee** | **Intellectual Property Rights** | **Speaking Fee** | **Royalty** | **Hold Patent on Equipment** | **Grants** | **Gift** | **Ownership Interest** | **Other (describe)** |
| **VA** |  |  |  |  |  |  |  |  |  |  |  |
| **Department Of Defense** |  |  |  |  |  |  |  |  |  |  |  |
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## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am serving as (check all that apply): [ ]  Course Planner [ ]  Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Session Title:

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** |
| *Example:* *Better Hearing for All* | *I am a member of the organization* |  |  | *Serve as chair for the ad hoc committee on universal coverage for hearing aids* |  |  |
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