

790 W. Lake Lansing Rd., Suite 400 § East Lansing, Michigan 48823 Phone: 517/332-5691 FAX: 517/332-5870 Email: msha@att.net <a>> Website: www.michiganspeechhearing.org

Please read then complete this form where highlighted.

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language-Hearing Association's Continuing Education Board's Requirements, the Michigan Speech-Language-Hearing Association (MSHA) requires program 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.

(your name here) will engage the program planner/instructional Based on the information provided,____ personnel in a guided interview process which seeks to understand how the relevant financial or non-financial relationship may influence the content of the course.

Program Planner/Instructional Personnel's Name: Jacqueline Gale, M.A., CCC-SLP, Vice-President for Professional **Development and Education** Course Date March 21-23, 2019.

Course Title: _____

(Your presentation title here)

HIPAA Requirements

To comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all program 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 the individual benefits 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 the individual is the principal or named investigator on the grant.

Do you have relevant financial relationships to disclose? □No \Box Yes (if yes complete page 2)

Relevant non-financial relationships are those relationships that might bias an individual including any personal, professional, political, institutional, religious or other relationship. May also include personal interest or cultural bias.

Do you have relevant non-financial relationships to disclose? \Box No(if no you are done) \Box Yes (if yes complete page 3)

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify MSHA of any changes to this information between now and the presentation.

Signature Date

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Copy this page as many times as you need to complete information regarding <u>each</u> of your relevant financial relationships. Program 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.

Planner/Prese	enter Name:	(Your name here)
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Financial relationship with	(name of Company or Organization)

Date form completed:_____

What was received: (Check all that apply)

□ Salary	□ In kind			
Consulting fee	□ Grants			
Intellectual property rights	□ Gift			
Speaking Fee	$\hfill\square$ Ownership interest (e.g. stocks, stock options or other ownership interest			
Royalty	excluding diversified mutual funds).			
Honoraria				
Hold patent on equipment				
Other financial benefit (Please describe):				

For what role? (Check all that apply)

- \square Employment
- $\hfill\square$ Management position
- $\hfill\square$ Teaching and speaking
- $\hfill\square$ Board membership
- \square Ownership
- \square Consulting
- $\hfill\square$ Membership on advisory committee or review panels
- □ Independent contractor (including contracted research)
- □ Other activities (please describe):_____

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Planner/Presenter Name:	(Your name here)
Non-financial relationship with	(name of Company/
Organization/Institution)	

Date form completed:_____

What is the nature of the non-financial relationship? (Complete all that apply)

Personal, please describe:
Professional, please describe:
Political, please describe:
Institutional, please describe:
Religious, please describe:
Personal interest, please describe:
Bias, please describe:
□ Other relationship, please describe:

For what role?

- $\hfill\square$ Volunteer employment
- □ Volunteer teaching and speaking
- $\hfill\square$ Board membership
- $\hfill\square$ Volunteer consulting
- □ Volunteer membership on advisory committee or review panels
- □ Other volunteer activities (please describe):_____