

Marshall University
Department of Communication Disorders
Course Planner/Instructional Personnel RELATIONSHIP DISCLOSURE
FORM

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the Marshall University Department of Communication Disorders 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.

It is the responsibility of the Marshall University Department of Communication Disorders to disseminate information regarding relevant financial and/or nonfinancial relationships to course participants prior to their registration.

Based on the information provided, Marshall University Communication Disorders Continuing Education Program 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.

Instructional personnel and course planners will be finalized only after this form has been received and reviewed by the Marshall University Department of Communication Disorders CE Committee and approved for continuation of hiring.

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: _____

Instructional personnel: Insert proposed learner outcomes for course (if available):

Instructional personnel: Insert your biography or resume:

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 understand that the CE Administrator will contact me one week prior to the speaking engagement to verify my standing.

I agree to notify Marshall University Department of Communication Disorders 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 Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course 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. Check all that apply and explain on the line provided.*

Salary: _____

Royalty: _____

Consulting fee: _____

Intellectual Property Rights: _____

Speaking Fee: _____

Honoraria: _____

Hold Patent on Equipment: _____

Gift: _____

Ownership Interest (e.g. stocks): _____

Other financial benefit (please describe): _____

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 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. Check all that apply and explain on the line provided.*

I have a family member or child that is affected by the topic of my presentation: _____

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: _____