



WISCONSIN SPEECH-LANGUAGE PATHOLOGY and AUDIOLOGY ASSOCIATION

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the Wisconsin Speech-Language Pathology and Audiology Association 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.

Based on the information provided, the Wisconsin Speech-Language Pathology and Audiology Association will engage the program 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.

Program Planner/Instructional Personnel's Name: _____

Course Title: _____

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 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? No 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 the Wisconsin Speech-Language Pathology and Audiology Association of any changes to this information between now and the presentation.

Signature _____ Date _____

Financial Relationship Disclosure Form

Copy this page as many times as you need to complete information regarding **each** 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/Presenter name: _____

Financial relationship with (name of Company/Organization): _____

Date form completed: _____

What was received? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input type="checkbox"/> Grants |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Speaking fee | <input type="checkbox"/> Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | |
| <input type="checkbox"/> Honoraria | |
| <input type="checkbox"/> Hold patent on equipment | |
| <input type="checkbox"/> Other financial benefit (please describe): _____ | |

For what role? (Check all that apply)

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

Non-Financial Relationship Disclosure Form

Copy this page as many times as you need to complete information regarding each of your relevant non-financial relationships. Program Planners/instructional personnel have a **relevant** non-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/Presenter name: _____

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?

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

Please complete form and return to:

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Fax: 920-882-3655
Phone: 920-560-5642