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Program Planner Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the Oregon Speech–Language Hearing Association (OSHA) 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, OSHA will engage the program planner/instructional personnel in a guided interview process that seeks to understand how the relevant financial or nonfinancial relationship may influence the content of the course.

Presenter Name:

Presentation Title:

Employed by:

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 will comply 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 OSHA of any changes to this information between now and the presentation. *Typing your legal name serves as your electronic signature.*

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. Presenters 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.

Presenter Name:

Financial relationship(s) with (company or 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, |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Stock options or other ownership |
| <input type="checkbox"/> Honoraria | <input type="checkbox"/> Interest excluding diversified |
| <input type="checkbox"/> Hold patent on equipment | <input type="checkbox"/> Mutual funds |
| <input type="checkbox"/> Other financial benefit (please describe): | |

For what role? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Ownership |
| <input type="checkbox"/> Management position | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Membership on advisory committee or review panels |
| <input type="checkbox"/> Board membership | <input type="checkbox"/> Independent contractor (including contracted research) |
| <input type="checkbox"/> 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. Presenters 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.

Presenter Name:

Financial relationship(s) with (company or organization):

Date form completed:

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

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