

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, WVSHA 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, WVSHA 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: Susan Adams

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: SA (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

YES

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

NO

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: Susan Adams
Financial relationship with (name of Company/Organization): employee
Date form completed: 5/9/17

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- 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):

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Program Planner/Instructional Personnel's Name: Amy S. Goldman

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: ASG (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 YES

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 NO

Financial Relationship Disclosure Form

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Planner/Presenter name: Amy S Goldman
Financial relationship with (name of Company/Organization): NCSB
Date form completed: 5/4/2017

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- Other financial benefit (please describe): Travel expenses

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):

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Program Planner/Instructional Personnel's Name: _____

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: MWH (INITIAL HERE) *melanie w hudson*

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 YES

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 NO

Financial Relationship Disclosure Form

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Planner/Presenter name: Melanie W Hudson
Financial relationship with (name of Company/Organization): EBS Healthcare
Date form completed: 5/11/2017

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- Other financial benefit (please describe): **travel costs for this conference**

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

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Planner/Presenter name: Melanie W Hudson

Non-financial relationship with (name of Company/Organization/Institution):

Date form completed: 5/11/2017

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

Personal, please describe:

Professional, please describe: D

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):

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Program Planner/Instructional Personnel's Name: _____

Nahoko Kaldas

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: *NK* (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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Planner/Presenter name: Nahale Kalpas
Financial relationship with (name of Company/Organization): NC Board of Examiners SLP + Audiology
Date form completed: 5/12/17

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- Other financial benefit (please describe): Travel Expenses to Conference

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):

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Program Planner/Instructional Personnel's Name: Alisan Lemke

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: AL (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

YES

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3 NO

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Planner/Presenter name: Alison Lemke
Financial relationship with (name of Company/Organization): NCSB
Date form completed: 05-12-17

What was received? (Check all that apply)

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

Financial support for travel to NCSB board meetings and conferences (room, plane, meals).

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.

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Planner/Presenter name: Alison Lemke

Non-financial relationship with (name of Company/Organization/Institution):
ASTHA

Date form completed: 05-12-17

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

Personal, please describe:

Professional, please describe: - current member, Committee on Leadership Cultivation (CLC)

Political, please describe: - past member, ASTHA Board of Directors

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):

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Program Planner/Instructional Personnel's Name: Richard ("Rick") L. Masters

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: RM (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2 YES

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3 NO

Financial Relationship Disclosure Form

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Planner/Presenter name: Richard E ("Rick") L. Masters
Financial relationship with (name of Company/Organization): _____
Date form completed: 5/4/17

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- 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):

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Program Planner/Instructional Personnel's Name: Kerri Phillips

Course Title: Etouffee Licensure Compact/Conference Faculty

HIPAA REQUIREMENTS

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I am in compliance with these policies: KP (INITIAL HERE)

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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 NCSB of any changes to this information between now and the presentation.

Signature Kerri Phillips

Digitally signed by Kerri Phillips
DN: cn=Kerri Phillips, o=Louisiana Tech University, ou, email=kphillip@ltech.edu, c=US
Date: 2015.09.11 09:46:53 -0500

Date 5/9/17

Financial Relationship Disclosure Form

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Planner/Presenter name: Kerri Phillips

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

Date form completed: 5/9/2017

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 | |

Other financial benefit (please describe): Travel reimbursement

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

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Planner/Presenter name: Kerri Phillips

Non-financial relationship with (name of Company/Organization/Institution):

NCSB

Date form completed: _____

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

Personal, please describe: _____

Professional, please describe: board member

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): _____

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Program Planner/Instructional Personnel's Name: Kathy Pruner

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: KP (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2 YES

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3 NO

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Planner/Presenter name: Kathy Pruner
Financial relationship with (name of Company/Organization): ETS Educational Testing Service
Date form completed: 5/12/17

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- 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):

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Program Planner/Instructional Personnel's Name: Annette Hurley

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: al (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2 YES

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3 NO

Non-Financial Relationship Disclosure Form

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Planner/Presenter name: Annette Hurley

Non-financial relationship with (name of Company/Organization/Institution):
CAA - ASHA

Date form completed: 5/12/17

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

Personal, please describe:

Professional, please describe: Chair of CAA

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 Chair - CAA

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe):

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Program Planner/Instructional Personnel's Name: George Purvis

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: GP (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2 YES

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3 NO

George O. Purvis
George O. Purvis

5/17/2017

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Program Planner/Instructional Personnel's Name: _____ Theresa H. Rodgers

Course Title: NCSB Training for Board Members

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: _____ THR _____ (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2 YES

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3 YES

Financial Relationship Disclosure Form

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Planner/Presenter name: Theresa H. Rodgers

Financial relationship with (name of Company/Organization): Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA)

Date form completed: May 13, 2017

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- Other financial benefit (please describe): Reimbursement for travel expenses per state policy

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): Participation in NCSB Conference

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: Theresa H. Rodgers

Non-financial relationship with (name of Company/Organization/Institution):

National Council of State Boards of Examiners (NCSB); Louisiana Board of Examiners for Speech-Language Pathology and Audiology; American Speech-Language-Hearing Association (ASHA)

Date form completed: May 13, 2017

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

Personal, please describe:

Professional, please describe: LBESPA; ASHA

Political, please describe:

Institutional, please describe: NCSB

Religious, please describe:

Personal interest, please describe:

Bias, please describe:

Other relationship, please describe:

For what role?

Volunteer employment

Volunteer teaching and speaking Former member of NCSB Board of Directors/Former President
Board membership LBESPA Member; While not directly related to presentation, need to disclose that I am a member of ASHA's Board of Ethics.

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe):

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, WVSHA 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, WVSHA 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:

Jaci Russo

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 YES

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 NO

Financial Relationship Disclosure Form

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Planner/Presenter name: Jaci Russo
Financial relationship with (name of Company/Organization): _____
Date form completed: 5/18/17

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- 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.

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Planner/Presenter name: Jaci Russo

Non-financial relationship with (name of Company/Organization/Institution):

Date form completed: 5/18/17

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):

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name:

Sherry Sancibrian

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: SS (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 YES

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 NO

Non-Financial Relationship Disclosure Form.

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Planner/Presenter name: Sherry Sanibrian

Non-financial relationship with (name of Company/Organization/Institution):

Texas Speech-Language Pathologists and Audiologists Board

Date form completed: 5-4-2017

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

Personal, please describe:

Professional, please describe: Chair - Texas board

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):

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: Ayn W. Stehr

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: aws (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2 YES

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 ~~NO~~ Yes

Financial Relationship Disclosure Form

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Planner/Presenter name: Ayn W. Stehr
Financial relationship with (name of Company/Organization): Louisiana Board of Examiners for Speech-Language Path
Date form completed: 5/10/2017

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- Other financial benefit (please describe): Expenses to attend conference

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) Board attorney
- Other activities (please describe):

Non-Financial Relationship Disclosure Form.

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Planner/Presenter name: Ayn W. Stehr

Non-financial relationship with (name of Company/Organization/Institution):
National Council of State Boards for Speech-Language Pathology and Audiology

Date form completed: 5/10/2017

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

Personal, please describe:

Professional, please describe: **Board attorney - Louisiana**

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 **New Board Member training; Investigations presentation**

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe):

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: Gregg Thornton

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: GT (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2

YES

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

YES

Financial Relationship Disclosure Form

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Planner/Presenter name: Gregg Thornton
Financial relationship with (name of Company/Organization): Ohio Board of Speech-Language Pathology and Audiology
Date form completed: 5/8/17

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- 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.

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Planner/Presenter name: Gregg Tharnton

Non-financial relationship with (name of Company/Organization/Institution):

Ohio Board of Speech - Language Pathology and Audiology

Date form completed: 5/8/17

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

Personal, please describe:

Professional, please describe: I am the Executive Director of the Ohio licensure board, which is currently under consideration for board consolidation.

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):

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: Glenn M. Waguespack

Course Title: HIPAA REQUIREMENTS

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I am in compliance with these policies: GMW (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 YES

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 NO YES

Financial Relationship Disclosure Form

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Planner/Presenter name: Glenn M. Waguespack
Financial relationship with (name of Company/Organization): LA. Board of Examiners for Speech-Language Pathology and Audiology (LBESPA)
Date form completed: 5/12/17

What was received? (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- Other financial benefit (please describe): Travel expenses to conference

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

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Planner/Presenter name: Glenn M. Waguespack

Non-financial relationship with (name of Company/Organization/Institution):
American Speech-Language-Hearing Association (ASHA)

Date form completed: 5/12/17

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

Personal, please describe:

Professional, please describe: **Member, ASHA Board of Ethics**

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 **Member, Board of Ethics**

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe):