

# Financial Relationship Disclosure Form

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.

Complete and copy this page as many times as necessary to provide information regarding each of your relevant financial relationships.

Planner/Presenter Name: Terelyn Anderson

Financial Relationship (Name of Company/Organization): Intermountain Healthcare

Date form Completed: 6/27/2022

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 Pediatric Dietitian
- 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): \_\_\_\_\_