

Financial Relationship Disclosure for CME Presenters, Panelists, Moderators



Name <i>Garrett Barnes</i>	
Role (e.g., Planning Committee Member, CME Committee Chair, Activity Director)	Presenter
Activity or Conference Title	2022 Pediatric Feeding Symposium
Activity Date OR Planning Year for which Disclosure is Valid	September 8, 2022 to September 9, 2022

The purpose of this form is to identify and resolve all potential conflicts of interests that arise from financial relationships with ineligible companies. The ACCME defines an ineligible company as **any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients**. The ACCME considers financial relationships a conflict of interest when individuals have both a financial relationship with an ineligible company and the opportunity to affect the content of CME.

Please indicate any **relevant** financial relationships with commercial interests you have had within the last 24 months relating to the content of the educational activity. Note: The ACCME does not consider providers of clinical services directly to patients to be commercial interests unless the provider is owned or controlled by a commercial interest.

By checking this box, I affirm that I will notify the UMA Foundation if my financial relationships change and will submit a new disclosure form for activities in which I have control of content.

CHECK ONE OF THE BOXES BELOW:

<input checked="" type="checkbox"/> I have no relevant financial relationships with any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients.		
<input type="checkbox"/> I disclose the following relevant financial relationship(s) with entities entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients:		
Company	Type of Relationship*	Product/Clinical Area

(Attach an additional sheet if necessary.)

*Type of relationship may include independent contractor, consultant, advisory committee, board membership, expert panel, research or other grant recipient, paid speaker or teacher, membership on advisory committees or review panels, intellectual property/patent holder, ownership interest (product royalty/licensing fees, owning stocks, shares, etc) or any other financial relationship.

[Signature] *7/1/22*
Signature & Date

Continue to the next page

Financial Relationship Disclosure for CME Presenters, Panelists, Moderators



Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.


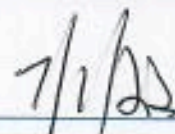
Agree Disagree

- The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based, and unbiased.
- I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the UMA Foundation and/or its educational partner.
- I understand that the UMA Foundation and/or its educational partner may need to review my presentation and/or content prior to the activity and I will provide educational content and resources in advance as requested.

Agree Disagree N/A

- If I am presenting at a live event, I understand that a CME monitor may attend the event to ensure that my presentation is educational and not promotional in nature.
- If I am providing recommendations involving clinical medicine, the recommendations will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.
- If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available and not just trade names from any single company.
- If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.
- If I have been trained or utilized by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way in my presentation.
- If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods and will not promote the commercial interest of the funding company.

I have carefully read and considered each item in this form and have completed it to the best of my ability.

Signature & Date

USHA/ASHA/AAA Speaker Disclosure Form 2022

In compliance with American Speech-Language Hearing Association's (ASHA) Continuing Education Board's Requirements, the Utah Speech-Language Hearing Association (USHA) 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, USHA 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:

Garrett Barnes

Physical Mailing Address:

1822 E. 1300 S. #4105

Email: barnesgar@gmail.com

Phone number:

ASHA/AAA Number for speaker

Course Title:

Parent Panel

Learner Outcomes:

Please provide learner outcomes that include active verbs (e.g., describe, analyze, interpret, apply) and start them with :

As a result of this presentation, the participant will be able to

Understand what Parents experience

As a result of this presentation, the participant will be able to

Better connect w/ families

As a result of this presentation, the participant will be able to



As a result of this presentation, the participant will be able to

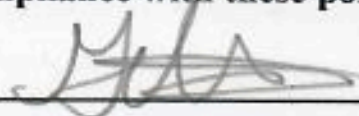


HIPAA Requirements:

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 Yes No

Signature:



Relevant Financial Relationships:

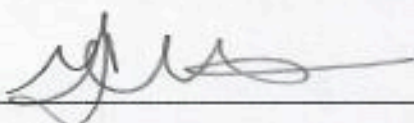
Those relationships in which the individual benefits by receiving a salary, royalty, intellectual

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 The Financial Relationship Disclosure Form

Signature 

Date 7/2/22

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: Garrett Barnes

Financial Relationship (Name of Company/Organization): None

Date form Completed: 7/2/22

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): _____
- None

For what role? (check all that apply)

- Employment
 - Management position
 - Teaching and speaking
 - Board membership
 - Ownership
- None

- Consulting
- Membership on advisory committee or review panels
- Independent Contractor (including contracted research)
- Other activities (please describe): _____

Relevant Non-Financial Relationships:

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. **Please complete all highlighted and relevant sections.**

Do you have relevant non-financial relationships to disclose?

 X **No** **Yes**

If yes, complete next page

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify USHA of any changes to this information between now and the presentation.

Signature _____

[Handwritten Signature]

Date _____

7/12/22

Note: Attempts to persuade learners to favor, recommend, purchase, use, or promote a particular product, equipment, device, or service are not permitted. Individuals who refuse to complete the above form will be disqualified and may not have control of, or responsibility for, the planning, management, presentation, or evaluation of the CE course.

Non-Financial Relationship Disclosure Form

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

Planner/Presenter Name: _____

Garrett Barnes

Non-Financial Relationship (Name of Company/Organization): _____

Date form Completed: _____

7/12/22

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): _____

None

____ 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): _____

None