

# 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:** J. Tim Duffy

**Physical Mailing Address:** 3723 W 12600 S Suite 330

**Email:** tim.duffy@imail.org

**Phone number:** 801-285-4543

**ASHA/AAA Number for speaker**

**Course Title:** 2022 Pediatric Feeding Symposium

## 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

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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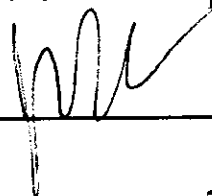
\_\_\_\_\_

## 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:**

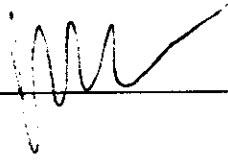
Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. 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?**

**X   No             Yes**

If yes, complete The Financial Relationship Disclosure Form

**Signature** \_\_\_\_\_

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, positioned above a horizontal line that serves as a signature line.

**Date** 7/1/2022

# **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:** \_\_\_\_\_

**Financial Relationship (Name of Company/Organization):** \_\_\_\_\_

**Date form Completed:** \_\_\_\_\_

**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): \_\_\_\_\_

## **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.**

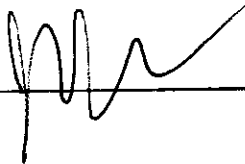
**Do you have relevant non-financial relationships to disclose?**

  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** \_\_\_\_\_



**Date** 7/1/2022

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:**

\_\_\_\_\_

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

\_\_\_\_\_

**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? (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): \_\_\_\_\_