



Disclosure Form for Program Planners and Instructional Personnel

In compliance with requirements of the American Speech-Language Hearing Association's Continuing Education Board, ASHA Professional Development requires program planners and instructional personnel to disclose, prior to and during course planning, any financial or non-financial relationships related to course content.

Name : Marlene Bagatto

Course/ presentation: Integrating Clinical Knowledge Supports Translational Research

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

Relevant financial relationships are those in which you receive a financial benefit (such as a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honorarium, or ownership interest) from a source related to the content of the course or presentation. Financial relationships also include contracted research if you are a principal or named investigator on a grant relevant to the course or presentation.

Relevant non-financial relationships are any relationships that might introduce bias into the course or presentation. These may include formal affiliations such as volunteer membership on a board or advisory council, or affiliations with political, religious, or professional organizations relevant to the content of the presentation.

1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature

A handwritten signature in blue ink that reads "M Bagatto".

Digitally signed by Marlene Bagatto
DN: cn=Marlene Bagatto,
o=Western University, ou=CSD,
email=bagatto@nca.uwo.ca, c=CA
Date: 2023.02.27 17:18:14 -05'00'

Date: February 27, 2023

Financial Relationship Disclosure Form

Copy this page as many times as needed to provide information on each of your relevant financial relationships, listing one per page. Consider relationships going back five years. A **relevant** financial relationship is one that could influence the content of your course or presentation, or could be perceived to do so.

Presenter: Marlene Bagatto

Date of form completion February 27, 2023

Financial relationship with (name of company or organization) Western University

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input type="checkbox"/> Grand funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Membership on advisory committee or review panel |
| <input type="checkbox"/> Independent contractor (including contracted research) | |
| <input type="checkbox"/> Other activities (please describe) _____ | |

Approximate duration of relationship:

Start: June 1999

End: _____

- This is a continuing relationship.

Non-financial Relationship Disclosure Form

Copy this page as many times as needed to provide information on each of your relevant non-financial relationships. Consider relationships going back five years. A **relevant non-financial** relationship is one that could influence the content of your course or presentation, or could be perceived to do so.

Presenter: **Marlene Bagatto**

Date of form completion: **February 27, 2023**

Non-financial relationship with (name of company or organization)

Canadian Infant Hearing Task Force

What is your role with this company/organization? **Chair**

- Volunteer employment
- Member
- Volunteer teaching and speaking – ASHA Board of Ethics; LBESPA; NCSB
- Board membership – ASHA Board of Ethics; LBESPA
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe):

Approximate duration of relationship:

Start: **October 2014**

End:

- This is a continuing relationship – .



Disclosure Form for Program Planners and Instructional Personnel

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Name : Danielle Bishop

Course/ presentation:

Incorporating high-frequency auditory brainstem response testing into clinical test protocols.

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/

presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature

Date:

3/2/2022

Financial Relationship Disclosure Form

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Presenter: _____

Date of form completion _____

Financial relationship with (name of company or organization) _____

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input type="checkbox"/> Grand funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Membership on advisory committee or review panel |
| <input type="checkbox"/> Independent contractor (including contracted research) | |
| <input type="checkbox"/> Other activities (please describe) _____ | |

Approximate duration of relationship:

Start: _____

End: _____

- This is a continuing relationship.

Non-financial Relationship Disclosure Form

Copy this page as many times as needed to provide information on each of your relevant non-financial relationships. Consider relationships going back five years. A **relevant non-financial** relationship is one that could influence the content of your course or presentation, or could be perceived to do so.

Presenter:

Date of form completion:

Non-financial relationship with (name of company or organization) ASHA Board of Ethics; Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA); National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB)

What is your role with this company/organization?

- Volunteer employment
- Member
- Volunteer teaching and speaking – ASHA Board of Ethics; LBESPA; NCSB
- Board membership – ASHA Board of Ethics; LBESPA
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe):

Approximate duration of relationship:

Start:

End:

- This is a continuing relationship – .



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Disclosure Form for Program Planners and Instructional Personnel

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Name : *Chelsea Cottrell*

Course/presentation: *Clinical Perspectives of Single Sided Deafness*

Check your role:

Presenter/Speaker

Planner

Reviewer

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Chelsea Cottrell, AuD
Signature

Date: *3/16/23*



Disclosure Form for Program Planners and Instructional Personnel

In compliance with requirements of the American Speech-Language Hearing Association's Continuing Education Board, ASHA Professional Development requires program planners and instructional personnel to disclose, prior to and during course planning, any financial or non-financial relationships related to course content.

Name : Elizabeth Heinrichs-Graham

Course/ presentation: Neural dynamics in children with mild-to-severe hearing loss

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/presentation?

No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature *Elizabeth Heinrichs-Graham*

Date: 03/06/2023

Financial Relationship Disclosure Form

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Presenter: _____

Date of form completion _____

Financial relationship with (name of company or organization) _____

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input type="checkbox"/> Grant funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Membership on advisory committee or review panel |
| <input type="checkbox"/> Independent contractor (including contracted research) | |
| <input type="checkbox"/> Other activities (please describe) _____ | |

Approximate duration of relationship:

Start: _____

End: _____

- This is a continuing relationship.

Non-financial Relationship Disclosure Form

Copy this page as many times as needed to provide information on each of your relevant non-financial relationships. Consider relationships going back five years. A **relevant non-financial** relationship is one that could influence the content of your course or presentation, or could be perceived to do so.

Presenter:

Date of form completion:

Non-financial relationship with (name of company or organization) ASHA Board of Ethics; Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA); National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB)

What is your role with this company/organization?

- Volunteer employment
- Member
- Volunteer teaching and speaking – ASHA Board of Ethics; LBESPA; NCSB
- Board membership – ASHA Board of Ethics; LBESPA
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe):

Approximate duration of relationship:

Start:

End:

- This is a continuing relationship – .



AMERICAN
SPEECH-LANGUAGE-
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ASSOCIATION

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Name : JEFFREY L. SIMMONS

Course/ presentation: LONGITUDINAL SPEECH PERCEPTION OUTCOMES

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/
presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature

Date: 2/20/23

Financial Relationship Disclosure Form

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Presenter: JEFFREY L. SIMMONS

Date of form completion 2/20/23

Financial relationship with (name of company or organization) BOYS TOWN NATIONAL RESEARCH HOSPITAL

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input type="checkbox"/> Grand funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Membership on advisory committee or review panel |
| <input type="checkbox"/> Independent contractor (including contracted research) | |
| <input type="checkbox"/> Other activities (please describe) _____ | |

Approximate duration of relationship:

Start: 6/17/1996

End: _____

- This is a continuing relationship.



Disclosure Form for Program Planners and Instructional Personnel

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Name : Kristen Janky, AuD, PhD, Director, Vestibular & Balance Lab

Course/ presentation: CLINICAL PERSPECTIVES: Vestibular Infant Screening

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature

Date: 16March2023

Financial Relationship Disclosure Form

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Presenter: Kristen Janky

Date of form completion March 16, 2023

Financial relationship with (name of company or organization) National Institute of Health

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input checked="" type="checkbox"/> Grand funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Membership on advisory committee or review panel |
| <input type="checkbox"/> Independent contractor (including contracted research) | |
| <input type="checkbox"/> Other activities (please describe) _____ | |

Approximate duration of relationship:

Start: 2014

End: present

This is a continuing relationship.

Non-financial Relationship Disclosure Form

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Presenter:

Date of form completion:

Non-financial relationship with (name of company or organization) ASHA Board of Ethics; Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA); National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB)

What is your role with this company/organization?

- Volunteer employment
- Member
- Volunteer teaching and speaking – ASHA Board of Ethics; LBESPA; NCSB
- Board membership – ASHA Board of Ethics; LBESPA
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe):

Approximate duration of relationship:

Start:

End:

- This is a continuing relationship – .



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Name : Ryan McCreery

Course/ presentation: Improving to diagnosis of mild bilateral hearing loss in children

Check your role:

Presenter/Speaker

Planner

Reviewer

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/
presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature *Ryan McCreery*

Date: 2/13/2023

Financial Relationship Disclosure Form

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Presenter: Ryan McCreery

Date of form completion 2/13/2023

Financial relationship with (name of company or organization) NIH/NIDCD

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input checked="" type="checkbox"/> Grand funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Membership on advisory committee or review panel |
| <input checked="" type="checkbox"/> Independent contractor (including contracted research) | |
| <input type="checkbox"/> Other activities (please describe) _____ | |

Approximate duration of relationship:

Start: 7/20/2020

End: _____

- This is a continuing relationship.

Non-financial Relationship Disclosure Form

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Presenter:

Date of form completion:

Non-financial relationship with (name of company or organization) ASHA Board of Ethics; Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA); National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB)

What is your role with this company/organization?

- Volunteer employment
- Member
- Volunteer teaching and speaking – ASHA Board of Ethics; LBESPA; NCSB
- Board membership – ASHA Board of Ethics; LBESPA
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe):

Approximate duration of relationship:

Start:

End:

- This is a continuing relationship – .



Disclosure Form for Program Planners and Instructional Personnel

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Name : Brian B. Monson

Course/ presentation: Extended high-frequency hearing and speech perception

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/presentation?

No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature

Brian B. Monson

Date: 2/28/2023

Financial Relationship Disclosure Form

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Presenter: Brian B. Monson

Date of form completion 2/28/2023

Financial relationship with (name of company or organization) NIH/NIDCD

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input checked="" type="checkbox"/> Grand funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Membership on advisory committee or review panel |
| <input type="checkbox"/> Independent contractor (including contracted research) | |
| <input checked="" type="checkbox"/> Other activities (please describe) <u>Research</u> | |

Approximate duration of relationship:

Start: July 2021

End: _____

- This is a continuing relationship.

Non-financial Relationship Disclosure Form

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Presenter:

Date of form completion:

Non-financial relationship with (name of company or organization) ASHA Board of Ethics; Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA); National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB)

What is your role with this company/organization?

- Volunteer employment
- Member
- Volunteer teaching and speaking – ASHA Board of Ethics; LBESPA; NCSB
- Board membership – ASHA Board of Ethics; LBESPA
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe):

Approximate duration of relationship:

Start:

End:

- This is a continuing relationship – .



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Name : Z. Ellen Peng

Course/ presentation: Longitudinal speech perception outcomes for cochlear implant recipients

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature

A handwritten signature in cursive script that reads "Zhao Peng".

Date: 2/20/2023

Financial Relationship Disclosure Form

Copy this page as many times as needed to provide information on each of your relevant financial relationships, listing one per page. Consider relationships going back five years. A **relevant** financial relationship is one that could influence the content of your course or presentation, or could be perceived to do so.

Presenter: Z. Ellen Peng

Date of form completion 2/20/2023

Financial relationship with (name of company or organization) Employee of BTNRH

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input type="checkbox"/> Grand funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Membership on advisory committee or review panel |
| <input type="checkbox"/> Independent contractor (including contracted research) | |
| <input type="checkbox"/> Other activities (please describe) _____ | |

Approximate duration of relationship:

Start: June 10, 2021

End: _____

- This is a continuing relationship.

Non-financial Relationship Disclosure Form

Copy this page as many times as needed to provide information on each of your relevant non-financial relationships. Consider relationships going back five years. A **relevant non-financial** relationship is one that could influence the content of your course or presentation, or could be perceived to do so.

Presenter:

Date of form completion:

Non-financial relationship with (name of company or organization) ASHA Board of Ethics; Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA); National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB)

What is your role with this company/organization?

- Volunteer employment
- Member
- Volunteer teaching and speaking – ASHA Board of Ethics; LBESPA; NCSB
- Board membership – ASHA Board of Ethics; LBESPA
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe):

Approximate duration of relationship:

Start:

End:

- This is a continuing relationship – .



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Disclosure Form for Program Planners and Instructional Personnel

In compliance with requirements of the American Speech-Language Hearing Association's Continuing Education Board, ASHA Professional Development requires program planners and instructional personnel to disclose, prior to and during course planning, any financial or non-financial relationships related to course content.

Name : HEATHER PORTER

Course/presentation: Incorporating high-frequency auditory brainstem response testing into clinical protocols.

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

Relevant financial relationships are those in which you receive a financial benefit (such as a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honorarium, or ownership interest) from a source related to the content of the course or presentation. Financial relationships also include contracted research if you are a principal or named investigator on a grant relevant to the course or presentation.

Relevant non-financial relationships are any relationships that might introduce bias into the course or presentation. These may include formal affiliations such as volunteer membership on a board or advisory council, or affiliations with political, religious, or professional organizations relevant to the content of the presentation.

1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature

HPM PM

Date: 3/1/2023



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Disclosure Form for Program Planners and Instructional Personnel

In compliance with requirements of the American Speech-Language Hearing Association's Continuing Education Board, ASHA Professional Development requires program planners and instructional personnel to disclose, prior to and during course planning, any financial or non-financial relationships related to course content.

Name : *CARLA LOUISA REYES, Au.D., SENIOR STAFF AUDIOLOGIST*

Course/ presentation: *CLINICAL PERSPECTIVES : Cochlear Implants*

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/

presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature

Date: *16 MARCH 2023*



Disclosure Form for Program Planners and Instructional Personnel

In compliance with requirements of the American Speech-Language Hearing Association's Continuing Education Board, ASHA Professional Development requires program planners and instructional personnel to disclose, prior to and during course planning, any financial or non-financial relationships related to course content.

Name : Anne Marie Tharpe

Course/ presentation: Rethinking Management of Unilateral Hearing Loss: An Updated C

Check your role:

Presenter/Speaker

Planner

Reviewer

Definitions

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/
presentation?

No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

I affirm that the information in this disclosure is complete and accurate. I agree to notify ASHA Professional Development of any changes to this information between now and the presentation.

Signature Anne Marie Tharpe

Date: March 3, 2023

Financial Relationship Disclosure Form

Copy this page as many times as needed to provide information on each of your relevant financial relationships, listing one per page. Consider relationships going back five years. A **relevant** financial relationship is one that could influence the content of your course or presentation, or could be perceived to do so.

Presenter: Anne Marie Tharpe

Date of form completion 3-3-23

Financial relationship with (name of company or organization) Phonak AG

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input checked="" type="checkbox"/> Grand funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input checked="" type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input checked="" type="checkbox"/> Membership on advisory committee or review panel |
| <input checked="" type="checkbox"/> Independent contractor (including contracted research) | |
| <input type="checkbox"/> Other activities (please describe) _____ | |

Approximate duration of relationship:

Start: ~2008

End: _____

- This is a continuing relationship.

Non-financial Relationship Disclosure Form

Copy this page as many times as needed to provide information on each of your relevant non-financial relationships. Consider relationships going back five years. A **relevant non-financial** relationship is one that could influence the content of your course or presentation, or could be perceived to do so.

Presenter:

Date of form completion:

Non-financial relationship with (name of company or organization) ASHA Board of Ethics; Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA); National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB)

What is your role with this company/organization?

- Volunteer employment
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- Volunteer teaching and speaking – ASHA Board of Ethics; LBESPA; NCSB
- Board membership – ASHA Board of Ethics; LBESPA
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe):

Approximate duration of relationship:

Start:

End:

- This is a continuing relationship – .



Disclosure Form for Program Planners and Instructional Personnel

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Name : Elizabeth Walker

Course/ presentation: The effects of auditory experience on the developmental trajectories of language and reading

Check your role:

Presenter/
Speaker

Planner

Reviewer

Definitions

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1. Do you have financial relationships relevant to the content of this course/presentation?

No

Yes

2. Do you have non-financial relationships relevant to the content of this course/
presentation? No

Yes

If you answered "yes" to Question 1 or 2, please complete pages 2 and 3 as appropriate.

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Signature

Date:

Financial Relationship Disclosure Form

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Presenter: Elizabeth Walker

Date of form completion 2/20/23

Financial relationship with (name of company or organization) National Institutes of Health

What benefits did/do you receive? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind services |
| <input type="checkbox"/> Consulting fee | <input checked="" type="checkbox"/> Grand funds |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift (with a value of greater than \$25) |
| <input type="checkbox"/> Honorarium or speaking fee | <input type="checkbox"/> Ownership interest (excluding diversified mutual funds) |
| <input type="checkbox"/> Royalty | <input type="checkbox"/> Patent on equipment |
| <input type="checkbox"/> Other financial benefit (please describe) _____ | |

For what role? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Management position |
| <input type="checkbox"/> Teaching and speaking | <input type="checkbox"/> Board membership |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Membership on advisory committee or review panel |
| <input type="checkbox"/> Independent contractor (including contracted research) | |
| <input type="checkbox"/> Other activities (please describe) _____ | |

Approximate duration of relationship:

Start: _____

End: _____

: This is a continuing relationship.

Non-financial Relationship Disclosure Form

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Presenter:

Date of form completion:

Non-financial relationship with (name of company or organization) ASHA Board of Ethics; Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA); National Council of State Boards of Examiners for Speech-Language Pathology and Audiology (NCSB)

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- Board membership – ASHA Board of Ethics; LBESPA
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe):

Approximate duration of relationship:

Start:

End:

- This is a continuing relationship – .