

Program Planner / Instructional Personnel Speaker Agreement

In compliance with the AOTA and ASHA Continuing Education Board's Requirements, the Rehabilitation Department at ProMedica requires program planners and instructional personnel to demonstrate high standards of professional conduct and not discriminate against learners based on gender, age, socioeconomic or ethnic background, sexual orientation, or disability. The instructor must be compliant with copyright laws and have ownership or permission to use all materials used in conjunction with the presentation.

Program planners and instructional personnel need 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, the Rehabilitation Department at ProMedica may engage the program planner / instructional personnel in a guided interview process which seeks to understand how the relevant financial or non-financial relationship may influence the content of the course.

Program Planner / Instructional Personnel's Name: _____

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 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 comply with this requirement: _____ (INITIALS HERE)

Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gifts, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefits. Financial relationships can also include "contracted research" where the institution gets the grant and manages the funds while 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.

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 agreement and disclosure is accurate at the time of completion. I agree to notify the Rehabilitation Department at ProMedica of any changes to this information between now and the first date of the presentation.

Signature _____ Date _____

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: _____

Financial relationship with (name of company, organization, institution):

Date form completed: _____

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 | |
| <input type="checkbox"/> 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

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: _____

Non-Financial relationship with (name of company, organization, institution):

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: _____