

## INSTRUCTOR HIPAA NONDISCLOSURE

**HIPAA REQUIREMENTS - NONDISCLOSURE OF PERSONAL PATIENT INFORMATION:**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all 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 the above mentioned policies:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Name and credentials as applicable)

## INSTRUCTOR RELATIONSHIP DISCLOSURE

**DISCLOSURE OF FINANCIAL and NONFINANCIAL RELATIONSHIPS:**

The Council for Accreditation in Occupational Hearing Conservation (CAOHC) adheres to the Standards for Commercial Support of professional associations as appropriate. It is the policy of CAOHC to ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored/co-provided educational activities.

<b>Individual's Name:</b> (First, middle, and last name and credentials as applicable)	<b>James (Jesse) A. Norris, PhD</b>
<b>Activity Title:</b>	<b>Teach in the following coursework:</b> (check all that apply) <input type="checkbox"/> <b>Occupational Hearing Conservationist (OHC)</b> <input type="checkbox"/> <b>Course Director (CD)</b> <input type="checkbox"/> <b>Professional Supervisor (PS)</b> <input type="checkbox"/> <b>Hearing Loss Prevention Manager (HLPM)</b> <input type="checkbox"/> <b>Other:</b> _____
<b>Activity Timing:</b> (For One-time events a specific date is required.)	<b>24 July 2024</b>
<b>Note how you will be participating in the Activity:</b> (e.g. Instructor, Speaker, Course Director, Author)	<b>Speaker</b>
<b>Biography or resume:</b> (if speaker, presenter or author)	Dr. Norris earned his PhD in Biomedical Engineering through a collaborative program between Virginia Tech and Wake Forest University. After completing his PhD, he joined Creare, an engineering firm in Hanover, NH, specializing in research and development. At Creare, Dr. Norris applied expertise in signal processing, mechanical design, and software development on various projects. Notably, he led the development of a handheld laser scanning system for inspecting F35 aircraft. This involved travel to multiple manufacturing and maintenance facilities. At Creare, he'd also been involved in hearing assessment and protection, and was surprised by the widespread incorrect use of earplugs. Stemming from an NIH project led by Dr. Odile Clavier, they developed the Wireless Audiometric Hearing Test System (WAHTS). The WAHTS was designed to conduct hearing and earplug fit testing outside of traditional sound booths. Since 2016, Dr. Norris has been an advocate for the development and validation of technologies like the WAHTS and the advancement of best practices for "boothless" audiometry. In 2021, he left Creare to lead the transition of WAHTS from research into a product, aiming to significantly enhance hearing assessment and protection throughout our lives.

**DISCLOSURE DETAILS:** Do you (or your spouse or partner) have any *relevant* financial or nonfinancial relationships now, in the last 12 months or at any time in the foreseeable future that relate to the products or services that will be discussed in the activity or in your presentation?. **If YES, please disclose the details below. If NO, you may skip this section and provide your signature and the date at the bottom of this form. If you receive any honorariums, please disclose this below**

*NOTE: Conflicts of interest in continuing education arise when financial and/or nonfinancial considerations, relevant to the course content, compromise or have the potential to compromise professional judgment.*

**FINANCIAL DISCLOSURE:**

<p><b>Name of company or organization with possible conflict of interest:</b></p>	<p><b><u>WAHTS Hearing LLC</u></b></p>	
<p><b>What type of financial relationship do you have with the organization; what did you receive from them?</b> Check all that apply:</p>	<p><input checked="" type="checkbox"/> Salary  <input type="checkbox"/> Consulting fee  <input type="checkbox"/> Intellectual property rights  <input type="checkbox"/> Speaking fee  <input type="checkbox"/> Royalty  <input type="checkbox"/> Honoraria  <input type="checkbox"/> Hold patent on equipment</p>	<p><input type="checkbox"/> In kind  <input type="checkbox"/> Grants  <input type="checkbox"/> Gift  <input checked="" type="checkbox"/> Ownership interest (e.g., stocks stock options or other ownership interest excluding diversified mutual funds)  <input type="checkbox"/> Other financial benefit (please describe): _____</p>
<p><b>For what role were/are you compensated?</b> Check all that apply:</p>	<p><input checked="" type="checkbox"/> Employment  <input type="checkbox"/> Management position  <input type="checkbox"/> Teaching and speaking  <input type="checkbox"/> Board membership  <input type="checkbox"/> Ownership</p>	<p><input type="checkbox"/> Consulting  <input type="checkbox"/> Membership on advisory committee or review panels  <input type="checkbox"/> Independent contractor (including contracted research)  <input type="checkbox"/> Other activities (please describe):</p>

**NONFINANCIAL DISCLOSURE:**

<p><b>Name of company or organization with possible conflict of interest:</b></p>	<p><b>CAOHC and NHCA:</b></p>	
<p><b>What is the nature of the non-financial relationship?</b> (complete all that apply)</p>	<p><input type="checkbox"/> Personal, please describe:  <input checked="" type="checkbox"/> Professional, please describe: Director of Commercial Partnerships for NHCA  <input type="checkbox"/> Political, please describe:  <input type="checkbox"/> Institutional, please describe:  <input type="checkbox"/> Religious, please describe:  <input type="checkbox"/> Personal interest, please describe:  <input type="checkbox"/> Bias, please describe:  <input checked="" type="checkbox"/> <b>Other relationship, please describe:</b> Presenting for Webinar</p>	
<p><b>What is your role in the company/organization?</b></p>	<p><input type="checkbox"/> Volunteer employment  <input type="checkbox"/> Volunteer teaching and speaking  <input type="checkbox"/> Board membership  <input type="checkbox"/> Volunteer consulting  <input type="checkbox"/> Volunteer membership on advisory committee or review panels  <input type="checkbox"/> Other volunteer activities (please describe):</p>	

**APPROACHES TO RESOLUTION:** to prevent bias (real or perceived), I will:

- a) make verbal assurance the relationships will not influence the discussion;
- b) adhere to the principle that information presented to the learner must be unbiased, scientifically balanced, and based on best evidence and best practices as currently understood;
- c) refrain from the use of brand names and not make recommendations regarding commercial products or services; and,
- d) submit my presentation content in advance to allow for adequate Peer Review prior to the course/workshop.

**AGREEMENTS:**

- a) I will ensure that content is not influenced by industry or financial contributors.
- b) I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor.
- c) I will disclose any limitations of data and/or any discussion of off-label, experimental, and/or investigational use of drugs or devices in my presentation.
- d) I agree to comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- e) All scientific research referred to, reported, or used in accredited activities in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.
- f) Allow the publication of all relevant financial and nonfinancial relationships in course promotional materials.
- g) I will disclose all relevant financial and nonfinancial relationships (i.e. I will state that I receive and honorarium at the start of the course.)
- h) I will contact CAOHC if there are changes in relevant relationships that develop after course planning and prior to course delivery.

**Signature:** Jesse A Norris  
 (Name and credentials as applicable)

**Date:** 24 May 2024

# PEER EVALUATION FORM

THIS SECTION IS REQUIRED ONLY IF THERE IS A CONFLICTS OF INTEREST/RELEVANT FINANCIAL AND/OR NONFINANCIAL RELATIONSHIPS that may affect your ability to conduct the course in an impartial way or that may make it appear to others that you are not impartial in disseminating information.

*If a conflict of interest is disclosed, a Peer Evaluation must be conducted, and this form must be filled out by the Peer Reviewer (such as the leader of the workshop or an executive council member) and attached to the disclosure form prior to the course or workshop taking place.*

<b>1</b>	<b>NAME</b>	
<b>Name of instructor being reviewed for possible conflict of interest:</b>		
<b>Name of Peer Reviewer:</b>		

<b>2</b>	<b>REVIEWER VERIFICATION</b>
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**Initial**      **Reviewer, please initial that each of the following procedures have been or will be completed prior to the start of the course.:**

	<b>Activity File</b> The Activity File must contain all proper disclosures, content validation procedures, etc. prior to the activity session date.
	<b>Peer Evaluation</b> The Course Director, or the lead instructor, must review the course content prior to the start of the presentation.
	<b>Content Validation Criteria</b> 1) Content will be valid and aligned with the best interests of the audience. 2) All recommendations involving clinical medicine are based on best available evidence. 3) All scientific research referred to, reported, or used in the activity are in support of or as justification of patient care recommendations and conform to the generally accepted standards of experimental design, data collection, and analysis.
	<b>Evaluation</b> Attendees must be queried regarding their impressions concerning bias at the time the course takes place.
	<b>Elimination</b> Course Directors, planning committee members, speakers/faculty, teachers, physicians, and/or authors who are perceived as either manifesting conflicts of interest or being biased may be eliminated from consideration as resources in subsequent certified activities..

<b>3</b>	<b>METHOD OF RESOLUTION</b>
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The relevant financial and nonfinancial relationships have been resolved by the following means.  
 \*Please check all that apply and provide further explanation.

a) <input type="checkbox"/>	Presentation was reviewed and there is <b>no</b> bias identified; and disclosing the relevant relationships is sufficient
b) <input type="checkbox"/>	The Peer Reviewer recommends altering content in this manner: 1) <input type="checkbox"/> Choose someone else to control/present that part of the content, 2) <input type="checkbox"/> Remove conflicting material (e.g. slides, brand names, etc.): 3) <input type="checkbox"/> Change the subject of the person's assignment, 4) <input type="checkbox"/> Limit the content of the instructor/presenter with the conflict, 5) <input type="checkbox"/> Limit the sources materials of the instructor/presenter with the conflict, 6) <input type="checkbox"/> Changing the focus of the content so that it is does not relate to the relevant relationship  <i>Details:</i>

c) <input type="checkbox"/>	The individual documented the 'best available evidence' to support his/her recommendations. (e.g., individual provided adequate references).
d) <input type="checkbox"/>	Chose not to select the individual as a planner and/or instructional personnel. Comments:
Additional Comments:	

**4 DISCLOSURE TO LEARNERS MUST OCCUR (When offered for CEUs)**

- a) A copy of the signed disclosure statement must be provided to all instructors in the course.
- b) Disclosure statement must be provided to potential registrants prior to the start of the course in promotional efforts (e.g. the website).
- c) Disclosure statement will be announced (verbally and/or in writing) at the start of the course.

**5 SIGNATURE**

I, \_\_\_\_\_ (Peer Reviewer's Name), has reviewed the *Disclosure Form* and presentation material for (Speaker's Name) \_\_\_\_\_.

**Signature:** Peer Reviewer

**Date:**