

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NCHA 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, NCHA 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: Ishan Bhatt

Course Title: A genome-wide association study of tinnitus identifies genetic links to neuropsychiatric

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: IB (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " ~~NCHA~~ " of any changes to this information between now and the presentation.

Signature Ishan Bhatt

Date 8/1/2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

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Program Planner/Instructional Personnel's Name: Christopher Brooks

Course Title: A multi-function in-ear device to monitor the impacts of noise exposure

HIPAA REQUIREMENTS

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I am in compliance with these policies: CAB (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Christopher Brooks Digitally signed by Christopher Brooks
DN: cn=Christopher Brooks, c=US, o=Create LLC, email=cab@create.com
Date: 2022.12.20 16:36:38 -05'00' Date 12/20/2022

Financial Relationship Disclosure Form

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Planner/Presenter name: Christopher Brooks

Financial relationship with (name of Company/Organization): Creare LLC

Date form completed: 12/20/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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): _____

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

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Program Planner/Instructional Personnel's Name: Odile Clavier

Course Title: A multi-function in-ear device to monitor the impacts of noise exposure

HIPAA REQUIREMENTS

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I am in compliance with these policies: OHC (INITIAL HERE)

Relevant financial relationships are 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.

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Odile Clavier

Digitally signed by Odile Clavier
Date: 2022.08.01 17:23:02 -04'00'

Date 08/01/2022

Financial Relationship Disclosure Form

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Planner/Presenter name: Odile Clavier

Financial relationship with (name of Company/Organization): Creare LLC

Date form completed: August 1, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" type="checkbox"/> Grants |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Speaking fee | <input checked="" 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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: Deanna K. Meinke, Ph.D.

Course Title: A multi-function in-ear device to monitor the impacts of noise exposure

HIPAA REQUIREMENTS

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I am in compliance with these policies: DKM (INITIAL HERE)

Relevant financial relationships are 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.

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Deanna K. Meinke

Digitally signed by Deanna K. Meinke
DN: cn=Deanna K. Meinke, o=University of Northern Colorado, ou=Audiology & Speech-Language Sciences, email=Deanna.Meinke@unco.edu, c=US
Date: 2022.12.22 12:00:44 -0700

Date 12/22/2022

Financial Relationship Disclosure Form

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Planner/Presenter name: Deanna K. Meinke

Financial relationship with (name of Company/Organization): Creare/UNC

Date form completed: 12/22/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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): Co-investigator, contractor on grant-funded research

Non-Financial Relationship Disclosure Form

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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: _____
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- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

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Based on the information provided, _____ 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: _____

Course Title: _____

HIPAA REQUIREMENTS

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I am in compliance with these policies: _____ (INITIAL HERE)

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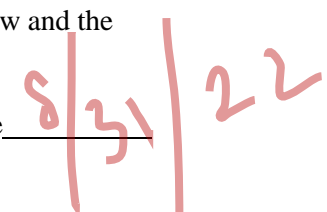
Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature _____



Date _____



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Planner/Presenter name: _____

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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): _____

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

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Program Planner/Instructional Personnel's Name: Howard J. Hoffman

Course Title: Association of Noise from Various Sources and Risk of Hearing Trouble and Tinnitus in US

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: HJH (INITIAL HERE)

Relevant financial relationships are 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.

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Howard J. Hoffman Date 8/01/2022

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Planner/Presenter name: Howard J. Hoffman

Financial relationship with (name of Company/Organization): NIH/NIDCD

Date form completed: 8/01/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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): _____

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

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Program Planner/Instructional Personnel's Name: Christa L Themann

Course Title: Association of Noise from Various Sources with Risk of Hearing Trouble and Tinnitus in US

HIPAA REQUIREMENTS

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I am in compliance with these policies: CLT (INITIAL HERE)

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

Signature Christa L. Themann -S Digitally signed by Christa L. Themann -S
Date: 2022.08.01 21:06:57 -04'00' Date _____

Financial Relationship Disclosure Form

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Planner/Presenter name: Christa L. Themann

Financial relationship with (name of Company/Organization): CDC/NIOSH

Date form completed: August 1, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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): _____

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Planner/Presenter name: _____

Non-financial relationship with (name of Company/Organization/Institution):

Date form completed: _____

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- 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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Aaron Cochran

Course Title: Audibility Needs in the Workplace

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: AWC (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " Aaron Cochran " of any changes to this information between now and the presentation.

Signature Aaron Cochran

Digitally signed by Aaron Cochran
Date: 2022.07.29 16:36:44 -05'00'

Date 7/29/2022

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: Aaron Cochran

Financial relationship with (name of Company/Organization): 3M Company

Date form completed: 7/29/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Eric Fallon

Course Title: Audibility Needs in the Workplace

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: EWF (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature ewfallon@mmm.com Date 28 July

Digitally signed by ewfallon@mmm.com
DN:
Reason: I am the author of this document
Location: your signing location here
Date: 2022.07.28 17:19:06-04'00'
Fork/PhantomPDF Version: 10.1.8

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: Eric Fallon

Financial relationship with (name of Company/Organization): 3M

Date form completed: 28 July 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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 checked="" 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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Conner Jansen

Course Title: Audibility Needs in the Workplace

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: CLJ (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify Conner Jansen of any changes to this information between now and the presentation.

Signature  Date 7/30/2022

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: Conner Jansen

Financial relationship with (name of Company/Organization): 3M Company

Date form completed: 7/30/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Colleen Le Prell

Course Title: Audibility Needs in the Workplace

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: CGL (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "Colleen LePrell" of any changes to this information between now and the presentation.

Signature Colleen LePrell

Digitally signed by Colleen LePrell
Date: 2022.07.29 15:11:48 -05'00'

Date 7/29/2022

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: Colleen Le Prell

Financial relationship with (name of Company/Organization): 3M Company

Date form completed: 7/29/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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: Colleen Le Prell

Non-financial relationship with (name of Company/Organization/Institution):

Centers for Disease Control

Date form completed: July 29, 2022

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Service - NORA Hearing Loss Prevention Cross-Sector Council
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: Beverley A Borst

Course Title: Audibility, speech communication and fit testing of hearing protectors in the context of the

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: BAB (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature baborst@mmm.com Date 2202 07 15

Digitally signed by baborst@mmm.com
DN:
Reason: I am the author of this document
Location: your signing location here
Date: 2022.07.15 09:47:00-04'00'
First PhenomPDF Version: 10.1.8

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: Beverley A Borst

Financial relationship with (name of Company/Organization): 3M Canada Company (employee)

Date form completed: July 15, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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 checked="" 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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: Christian Giguère

Course Title: Audibility, speech communication and fit testing of hearing protectors in the context of the

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: CG (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature Christian Giguère  Date 07/19/2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: Alex Meibos

Course Title: Audiology's Role in Facilitating In-Ear Monitors

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: ARM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature ALEX MEIBOS Date 7/27/22

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: Alex Meibos

Financial relationship with (name of Company/Organization): American Academy of Audiology Found.

Date form completed: 7/27/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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): Primary Investigator on reserach grant received

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: Srividya Grama Bhagavan

Course Title: Auditory difficulties in normal-hearing young adults with high lifetime noise exposure

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: SGB (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature Srividya Grama Bhagavan Date 8/1/2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NCHA 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, NCHA 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: Ishan Bhatt

Course Title: Auditory difficulties in normal-hearing young adults with high lifetime noise exposure

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: IB (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " ~~NCHA~~ " of any changes to this information between now and the presentation.

Signature Ishan Bhatt

Date 8/1/2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the ASHA 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, ASHA 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: Sridhar Krishnamurti

Course Title: Auditory function in forestry workers

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: SK (INITIAL HERE)

Relevant financial relationships are 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 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.

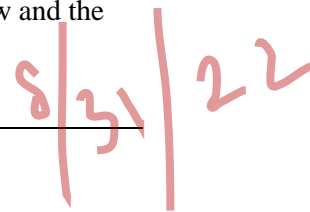
Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and 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: Sridhar Krishnamurti

Financial relationship with (name of Company/Organization): LHI (Matrix providers)

Date form completed: 8/31/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input checked="" 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): Contractor for VA disability compensation exams (LHI)

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: Sridhar Krishnamurti

Non-financial relationship with (name of Company/Organization/Institution):

NHCA

Date form completed: 8/31/2022

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: Board member

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: John G. Casali, PhD, CPE

Course Title: Consider the LAT before MIRE or REAT: An Efficient Alternative for In-Field Verification of

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: JGC (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature John G. Casali

Digitally signed by John G. Casali
Date: 2022.07.18 14:12:46 -04'00'

Date 7/18/2022

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: John G. Casali

Financial relationship with (name of Company/Organization): Business partner in HEAR, LLC

Date form completed: 7/18/2022

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): <u>Business partner in HEAR, LLC</u> | |

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, _____ 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: John P. Keady, PhD, PhD, JD, Esq.

Course Title: Consider the LAT before MIRE or REAT: An Efficient Alternative for In-Field Verification of

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: JPK (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature John P. Keady Digitally signed by John P. Keady Date: 2022.07.25 17:36:34 -04'00' Date 7/25/2022

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: John P. Keady

Financial relationship with (name of Company/Organization): Business Partner in HEAR, LLC

Date form completed: 7/25/2022

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 | |

Other financial benefit (please describe): Business partner in HEAR, LLC

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, _____ 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: Kichol Lee, PhD

Course Title: Consider the LAT before MIRE or REAT: An Efficient Alternative for In-Field Verification of ...

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: KL (INITIAL HERE)


Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify NHCA _____ of any changes to this information between now and the presentation.

Signature  Date 7/25/22

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: Kichol Lee

Financial relationship with (name of Company/Organization): Business partner in HEAR, LLC

Date form completed: 7/25/22

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 | |

Other financial benefit (please describe): Business partner in HEAR, LLC

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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Jan Rennies-Hochmuth

Course Title: Deep learning-based own voice pickup for enabling speech communication in hearing

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: JRH (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature Jan Rennies-Hochmuth Digitally signed by Jan Rennies-Hochmuth
Date: 2022.07.29 09:00:30 +02'00' Date 2022-07-29

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: Jan Rennies-Hochmuth

Financial relationship with (name of Company/Organization): Fraunhofer Institute IDMT

Date form completed: 2022-07-29

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Jennifer Tufts

Course Title: Developing a fast and easy system for hearing- and earplug fit-testing: An update on what

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: JBT (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature Jennifer Tufts

Digitally signed by Jennifer Tufts
Date: 2022.08.01 21:39:04 -04'00'

Date 8/1/2022

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: Jennifer Tufts

Financial relationship with (name of Company/Organization): Creare/Edare

Date form completed: 8/1/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NCHA 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, NCHA 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: Ishan Bhatt

Course Title: Differential influence of chronic tinnitus and impulse noise exposure on hearing thresholds

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: IB (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " ~~NCHA~~ " of any changes to this information between now and the presentation.

Signature Ishan Bhatt

Date 8/1/2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA Conference 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, Kari Buchanan 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: Kari Buchanan

Course Title: Do You Know Your Hearing Protection Devices? Pilot Project Results

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: kab (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature Kari Buchanan

Digitally signed by Kari Buchanan
Date: 2022.07.29 14:07:48 -04'00'

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, Kathy Gates 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: Kathy Gates

Course Title: DOD/VA Hearing Technician (HT) Certification Course: Overview and Pilot

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: KEG (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "ASHA" of any changes to this information between now and the presentation.

Signature GATES.KATHY.ELAINE.1018674331 Digitally signed by GATES.KATHY.ELAINE.1018674331
Date: 2022.07.28 10:31:38 -04'00' Date Jul 28, 22

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): _____

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: Kathy Gates

Non-financial relationship with (name of Company/Organization/Institution):

NHCA/CAOHC Webinar Committee

Date form completed: _____

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Serve on the Webinar planning committee
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): Support to NHCA/CAOHC Webinar Series

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, Kathy Gates 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: Kathy Gates

Course Title: DOD/VA Hearing Technician (HT) Certification Course: Overview and Pilot

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: KEG (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "ASHA" of any changes to this information between now and the presentation.

Signature GATES.KATHY.ELAINE.1018674331 Digitally signed by GATES.KATHY.ELAINE.1018674331
Date: 2022.07.28 10:31:38 -04'00' Date Jul 28, 22

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, Jaclyn Schurman 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: Jaclyn Schurman

Course Title: Assessing noise exposure history with a calibrated noise reference

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: JS (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature SCHURMAN.JACLYN.REBECCA.1513704590 Digitally signed by SCHURMAN.JACLYN.REBECCA.1513704590 Date: 2022.08.01 09:53:15 -04'00' 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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Jackie DiFrancesco

Course Title: Evaluating Safety of Enhanced Hearing Protection for Workers with Hearing Loss

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: JD (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature Jackie DiFrancesco

Digitally signed by Jackie DiFrancesco
Date: 2022.08.01 20:05:47 -04'00'

Date 8/1/22

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: Jackie DiFrancesco

Financial relationship with (name of Company/Organization): Honeywell

Date form completed: 1 August 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 2023 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, WILLIAM J MURPHY 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: WILLIAM J MURPHY

Course Title: When is a firearm suppressor like a hearing protector

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: WJM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature William Murphy

Digitally signed by William Murphy
Date: 2022.07.28 16:43:15 -04'00'

Date 7/28/2022

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: William J Murphy

Financial relationship with (name of Company/Organization): CDC/NIOSH

Date form completed: July 28, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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 checked="" 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): HPD Well-Fit License & funded grant for Creare Fit Test system

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: National Hearing Conservation Association
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): organizing the Thursday workshops

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Jennifer Tufts

Course Title: Evaluating Safety of Enhanced Hearing Protection for Workers with Hearing Loss

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: JBT (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature Jennifer Tufts

Digitally signed by Jennifer Tufts
Date: 2022.08.01 12:04:19 -04'00'

Date Aug 1 2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 2023 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, WILLIAM J MURPHY 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: WILLIAM J MURPHY

Course Title: Hands-on experience and demonstrations of hearing protector fit-testing systems

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: WJM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature William Murphy

Digitally signed by William Murphy
Date: 2022.07.28 16:43:15 -04'00'

Date 7/28/2022

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: William J Murphy

Financial relationship with (name of Company/Organization): CDC/NIOSH

Date form completed: July 28, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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 checked="" 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): HPD Well-Fit License & funded grant for Creare Fit Test system

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: National Hearing Conservation Association
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): Organizing the Thursday workshops for 2022

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the National Hearing Conservation Association 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, National Hearing Conservation Association 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: Jan Moore

Course Title: Healthy Hearing Project: Cognitive Results

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: JAM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "National Hearing Conservation Association" of any changes to this information between now and the presentation.

Signature Jan Moore

Digitally signed by Jan Moore
Date: 2022.08.01 21:23:36 -05'00'

Date 8-1-2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: AMY A. BLANK, AUD

Course Title: Hearing Loss Prevention in the Uniformed Services

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: AAB (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature BLANK.AMY.ANN.1098966702 Digitally signed by BLANK.AMY.ANN.1098966702
Date: 2022.07.31 18:18:31 -04'00' Date 7/31/2022

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: Amy A. Blank

Financial relationship with (name of Company/Organization): US Army

Date form completed: 7/31/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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: Amy A Blank

Non-financial relationship with (name of Company/Organization/Institution):

NHCA

Date form completed: 7/31/2022

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): Member of the Leadership Advisory Team (LAT)

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Taylor Paige

Course Title: Should the hearing conservation test protocol for US service members be expanded?

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: TP (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature _____



Digitally signed by Taylor Paige
Date: 2022.11.15 17:22:05 -06'00'

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Theresa Y Schulz

Course Title: Hearing Loss Prevention in the Uniformed Services

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: TYS (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA, Dani Korth" of any changes to this information between now and the presentation.

Signature SCHULZ.THERESA.YARBER.1135560169 Digitally signed by SCHULZ.THERESA.YARBER.1135560169 Date: 2022.07.31 15:29:06 -05'00' Date 7.31.22

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: Theresa Y Schulz

Financial relationship with (name of Company/Organization): DoD Hearing Center of Excellence

Date form completed: 7.31.22

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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: Theresa Y Schulz

Non-financial relationship with (name of Company/Organization/Institution):

National Hearing Conservation Association

Date form completed: 7.31.22

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Presidential Trio
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: QUINTIN HECHT, AUD

Course Title: Hearing loss prevention in the uniformed services

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: QH (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature HECHT.QUINTIN.ALFRED.1249458437 Digitally signed by HECHT.QUINTIN.ALFRED.1249458437
Date: 2021.08.26 17:23:58 -05'00' Date 8/26/21

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Shibiao Su

Course Title: The National Hearing Conservation Association Annual Conference Hearing protector fit testing on workers from two types of enterprises in China

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: S.S (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify _____ of any changes to this information between now and the presentation.

Signature Shibiao Su Date 2022.7.31

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 2023 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, WILLIAM J MURPHY 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: WILLIAM J MURPHY

Course Title: Hearing Protector Fit testing: Standards, Systems, and Studies...Oh My!

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: WJM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature William Murphy

Digitally signed by William Murphy
Date: 2022.07.28 16:43:15 -04'00'

Date 7/28/2022

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: William J Murphy

Financial relationship with (name of Company/Organization): CDC/NIOSH

Date form completed: July 28, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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 checked="" 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): HPD Well-Fit License & funded grant for Creare Fit Test system

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: National Hearing Conservation Association
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): Organizing the Thursday workshops for 2022

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 2023 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, WILLIAM J MURPHY 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: WILLIAM J MURPHY

Course Title: Measuring impulse insertion loss of hearing protection devices using high

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: WJM (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature William Murphy

Digitally signed by William Murphy
Date: 2022.07.28 16:43:15 -04'00'

Date 7/28/2022

Financial Relationship Disclosure Form

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Planner/Presenter name: William J Murphy

Financial relationship with (name of Company/Organization): CDC/NIOSH

Date form completed: July 28, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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 checked="" 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): HPD Well-Fit License & funded grant for Creare Fit Test system

Non-Financial Relationship Disclosure Form

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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: National Hearing Conservation Association
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): Organizing the Thursday workshops for 2022

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Laurie Wells

Course Title: Hearing Protector Fit Testing: Standards, Systems, and Studies

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: LLW (INITIAL HERE)

Relevant financial relationships are 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 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

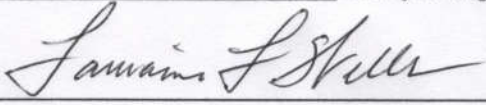
I attest that the information in this disclosure is accurate at the time of completion and I agree to notify NHCA of any changes to this information between now and the presentation.

Signature _____ Date 7/28/2022

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 disclosure is accurate at the time of completion and I agree to notify NHCA _____ of any changes to this information between now and the presentation.

Signature  Date 7/28/2022

Financial Relationship Disclosure Form

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Planner/Presenter name: Laurie Wells

Financial relationship with (name of Company/Organization): 3M

Date form completed: July 28, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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 checked="" 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

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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: Co-Coordinator of NORA Hearing Loss Prevention Cross-Sector
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: Carlos R Esquivel

Course Title: Investigational Inner Ear Medicines: Are Hearing Loss Prevention and Restoration

HIPAA REQUIREMENTS

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I am in compliance with these policies: CE (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~ aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature ESQUIVEL.CARLOS.ROBERTO.1126626165 Digitally signed by ESQUIVEL.CARLOS.ROBERTO.1126626165 Date: 2022.08.23 13:36:26 -05'00' Date 8/23/2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Colleen Le Prell

Course Title: Investigational Inner Ear Medicines: Are Hearing Loss Prevention and Restoration

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: CGL (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature Colleen LePrell

Digitally signed by Colleen LePrell
Date: 2022.08.24 17:30:07 -05'00'

Date 7/29/2022

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: Colleen Le Prell

Financial relationship with (name of Company/Organization): Department of Defense

Date form completed: 8/24/22

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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: Colleen Le Prell

Non-financial relationship with (name of Company/Organization/Institution):

Centers for Disease Control

Date form completed: _____

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Service - DoD HCE PIHL Committee
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): Co-Editor on two JASA Special Issues

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Theresa Y Schulz

Course Title: Creating NHCA's Narrative Panel

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: TYS (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA, Dani Korth" of any changes to this information between now and the presentation.

Signature _____ Date 7.27.22

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: Theresa Y Schulz

Financial relationship with (name of Company/Organization): DOD Hearing Center of Excellence

Date form completed: 7.27.22

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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: Theresa Y Schulz

Non-financial relationship with (name of Company/Organization/Institution):

National Hearing Conservation Association

Date form completed: 7.27.22

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: NHCA Presidential Trio
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Gayla L. Poling

Course Title: Creating NHCA's Narrative Panel

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: GLP (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify NHCA, Dani Korth of any changes to this information between now and the presentation.

Signature Gayla L. Poling Date 7/25/2022

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: Gayla L. Poling

Financial relationship with (name of Company/Organization): Mayo Clinic Employee; NHCA President

Date form completed: 7/25/2022

What was received? (Check all that apply)

- | | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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 | |

Other financial benefit (please describe): NHCA President Service

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): NHCA Executive Council

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: Gayla L. Poling

Non-financial relationship with (name of Company/Organization/Institution):

NHCA President

Date form completed: 7/25/2022

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: NHCA Presidential Trio and narrative contributions
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the National Hearing Conservation Association 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, NHCA 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: Deanna K. Meinke

Course Title: No Need to Travel: Formative Design and Evaluation of the Dangerous Decibels® Online

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: DKM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~Deanna K. Meinke~~ aaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature Deanna K. Meinke

Digitally signed by Deanna K. Meinke
Date: 2022.07.29 14:59:30 -06'00'

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: David Zapala, Ph.D

Course Title: Noise and Vertigo

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: DZ (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature David Zapala Date 11/1/22

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): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: XIN ZHANG

Course Title: Noise Exposure and Acute Changes to Monitored Heart Rate in E-waste Recycling Workers

HIPAA REQUIREMENTS

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I am in compliance with these policies: AS (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature  Date 08/01/2022

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): _____

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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: XIN ZHANG

Course Title: Noise Exposure and Acute Changes to Monitored Heart Rate in E-waste Recycling Workers

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: LMS (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature Lauren Smith

Digitally signed by Lauren Smith
Date: 2022.08.01 10:33:34 -04'00' 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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: XIN ZHANG

Course Title: Noise Exposure and Acute Changes to Monitored Heart Rate in E-waste Recycling Workers

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: RLN (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature rneitzel

Digitally signed by rneitzel
Date: 2022.08.01 10:03:50 -04'00'

Date 8/1/22

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): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: XIN ZHANG

Course Title: Noise Exposure and Acute Changes to Monitored Heart Rate in E-waste Recycling Workers

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: XZ (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify NHCA _____ of any changes to this information between now and the presentation.

Signature  Date 07/31/2022

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): _____

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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Solenn Ollivier

Course Title: Towards a hearing protection device with hearing aid features

HIPAA REQUIREMENTS

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I am in compliance with these policies: SO (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature Solenn Ollivier

Digitally signed by Solenn Ollivier
Date: 2022.08.05 15:12:31 -04'00'

Date 22-08-05

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): _____

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

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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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: Gregory M. Zarus

Course Title: Ototoxic Profiles of Hazardous Substances

HIPAA REQUIREMENTS

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I am in compliance with these policies: GMZ (INITIAL HERE)

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Gregory Zarus -S

Digitally signed by Gregory Zarus -S
Date: 2022.07.28 17:48:13 -04'00'

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): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: Adrian Fuente

Course Title: Ototoxicity Management from Occupational Exposures to International Harmonization

HIPAA REQUIREMENTS

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I am in compliance with these policies: AF (INITIAL HERE)

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature _____



Date 07/28/2022

Financial Relationship Disclosure Form

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Planner/Presenter name: _____

Financial relationship with (name of Company/Organization): _____

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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Thais C. Morata

Course Title: Ototoxicity Management from Occupational and Environmental Exposures to International

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: TM (INITIAL HERE)

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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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature Thais C. Morata -S

Digitally signed by Thais C. Morata -S
Date: 2022.07.28 09:37:56 -04'00'

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Gayla L. Poling

Course Title: Ototoxicity Management from Occupational Exposures to International Harmonization

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: GLP (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Gayla L. Poling Date 7/25/2022

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: Gayla L. Poling

Financial relationship with (name of Company/Organization): Mayo Clinic Employee; NHCA President

Date form completed: 7/25/2022

What was received? (Check all that apply)

- | | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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 | |

Other financial benefit (please describe): NHCA President Service

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): NHCA Executive Council

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: Gayla L. Poling

Non-financial relationship with (name of Company/Organization/Institution):

NHCA President; IOMG Co-Chair; ASHA Member and contributor ototoxicity courses; AAA 2009 Author

Date form completed: 7/25/2022

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Contribute to clinical practice guidance in ototoxicity
- Political, please describe: _____
- Institutional, please describe: Clinical practice focus in ototoxicity
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Gregory M. Zarus

Course Title: Ototoxicity Management from Occupational Exposures to International Harmonization

HIPAA REQUIREMENTS

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I am in compliance with these policies: GMZ (INITIAL HERE)

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Gregory Zarus -S

Digitally signed by Gregory Zarus -S
Date: 2022.07.28 17:48:13 -04'00'

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): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: Theresa Y Schulz

Course Title: Personal Attenuation Ratigs vs derated NRR for hearing protecection devices

HIPAA REQUIREMENTS

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I am in compliance with these policies: TYS (INITIAL HERE)

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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 disclosure is accurate at the time of completion and I agree to notify " NHCA, Dani Korth " of any changes to this information between now and the presentation.

Signature SCHULZ.THERESA.YARBER.1135560169 Digitally signed by SCHULZ.THERESA.YARBER.1135560169 Date: 2022.07.27 10:33:17 -05'00' Date 7.27.22

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: Theresa Y Schulz

Financial relationship with (name of Company/Organization): DOD Hearing Center of Excellence

Date form completed: 7.27.22

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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: Theresa Y Schulz

Non-financial relationship with (name of Company/Organization/Institution):

National Hearing Conservation Association

Date form completed: 7.27.22

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: NHCA Presidential Trio
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 2023 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, WILLIAM J MURPHY 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: WILLIAM J MURPHY

Course Title: Personal Attenuation Ratigns vs Derated Noise Reduction Ratings for HPDs

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: WJM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature William Murphy

Digitally signed by William Murphy
Date: 2022.07.28 16:43:15 -04'00'

Date 7/28/2022

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: William J Murphy

Financial relationship with (name of Company/Organization): CDC/NIOSH

Date form completed: July 28, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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 checked="" 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): HPD Well-Fit License & funded grant for Creare Fit Test system

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: National Hearing Conservation Association
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): organizing the Thursday workshops

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Cory Portnuff, AuD PhD

Course Title: Practical considerations for choosing high fidelity hearing protection devices

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: CP (INITIAL HERE)

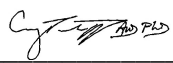
Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature  Digitally signed by Cory Portnuff, AuD PhD
Date: 2022.07.28 14:05:59 -06'00' Date 7/28/2022

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): _____

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: Cory Portnuff, AuD PhD

Non-financial relationship with (name of Company/Organization/Institution):

National Hearing Conservation Association

Date form completed: 7/28/2022

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Member Delegate, NHCA Executive Council
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Colleen Le Prell

Course Title: How to choose and verify non-custom high-fidelity hearing protection devices

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: CGL (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "Colleen LePrell" of any changes to this information between now and the presentation.

Signature Colleen LePrell

Digitally signed by Colleen LePrell
Date: 2022.07.29 15:08:04 -05'00'

Date 7/29/2022

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: Colleen Le Prell

Financial relationship with (name of Company/Organization): 3M Company

Date form completed: 7/29/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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: Colleen Le Prell

Non-financial relationship with (name of Company/Organization/Institution):

Centers for Disease Control

Date form completed: July 29, 2022

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Service - NORA Hearing Loss Prevention Cross-Sector Council
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Cory Portnuff, AuD PhD

Course Title: Practical Hearing Conservation for Musicians

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: CP (INITIAL HERE)

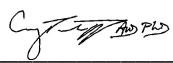
Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature  Digitally signed by Cory Portnuff, AuD PhD
Date: 2022.07.28 14:05:59 -06'00' Date 7/28/2022

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): _____

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: Cory Portnuff, AuD PhD

Non-financial relationship with (name of Company/Organization/Institution):

National Hearing Conservation Association

Date form completed: 7/28/2022

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Member Delegate, NHCA Executive Council
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Frank Wartinger

Course Title: Practical Hearing Conservation for Musicians

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: FW (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature  Date 7/29/2022

Financial Relationship Disclosure Form

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Planner/Presenter name: _____

Financial relationship with (name of Company/Organization): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Elizabeth A. Masterson

Course Title: Preventing Occupational Hearing Loss: A 50-Year Timeline of NIOSH Research and

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: EAM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature Elizabeth A. Masterson -S Digitally signed by Elizabeth A. Masterson -S
Date: 2022.11.15 18:24:20 -05'00' 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: Elizabeth A. Masterson

Financial relationship with (name of Company/Organization): CDC/NIOSH

Date form completed: November 15, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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: Elizabeth A. Masterson

Non-financial relationship with (name of Company/Organization/Institution):

National Hearing Conservation Association

Date form completed: November 15, 2022

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Executive Council Membership, Director of Communication
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: Odile Clavier

Course Title: A multi-function in-ear device to monitor the impacts of noise exposure

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: OHC (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "~~NHCA~~aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature Odile Clavier

Digitally signed by Odile Clavier
Date: 2022.08.01 17:23:02 -04'00'

Date 08/01/2022

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: Odile Clavier

Financial relationship with (name of Company/Organization): Creare LLC

Date form completed: August 1, 2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" type="checkbox"/> Grants |
| <input type="checkbox"/> Intellectual property rights | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Speaking fee | <input checked="" 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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Sean Hoverson

Course Title: Spectator Noise Exposures during a season of minor league hockey

HIPAA REQUIREMENTS

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I am in compliance with these policies: SH (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify NHCA _____ of any changes to this information between now and the presentation.

Signature

Sean Hoverson

Date

7/28/2022

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, Dani Korth 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: Deanene Berry, Au.D

Course Title: "Hearing Conservation: The Basics" Workshop

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: DB (INITIAL HERE)

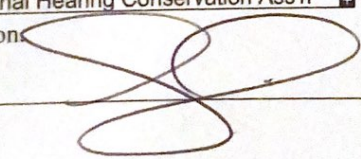
Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual 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 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

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Signature 

Date 11/28/2022

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Deanene Berry, Au.D.

Course Title: The Audiogram

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: DB (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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Signature  Date 11/28/2022

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, Dani Korth 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: Rachel Bouserhal

Course Title: "Hearing Conservation: The Basics" Workshop

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: RB (INITIAL HERE)

Relevant financial relationships are 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.

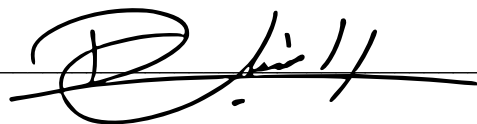
Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2

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

Signature



Date 2022-11-23

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): _____

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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, Dani Korth 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: Richard W. Danielson PhD

Course Title: "Hearing Conservation: The Basics" Workshop

HIPAA REQUIREMENTS

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I am in compliance with these policies: RWD (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "The National Hearing Conservation Ass'n" of any changes to this information between now and the presentation.

Signature _____ Date _____

Financial Relationship Disclosure Form

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Planner/Presenter name: Richard W. Danielson

Financial relationship with (name of Company/Organization): Occupational Marketing Inc (OMI)

Date form completed: Nov 21 2022

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 checked="" 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): Course Director for 3-4 CAOHC certification courses per year

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: Donald S. Finan, Ph.D.

Course Title: "Hearing Conservation: The Basics" Workshop

HIPAA REQUIREMENTS

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I am in compliance with these policies: DSF (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify "The National Hearing Conservation Ass'n" of any changes to this information between now and the presentation.

Signature Donald S. Finan

Digitally signed by Donald S. Finan
Date: 2022.11.22 10:48:02 -07'00'

Date 11/22/2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, Dani Korth 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: Cassandra L Ford, M.A., CCC-A

Course Title: "Hearing Conservation: The Basics" Workshop

HIPAA REQUIREMENTS

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I am in compliance with these policies: CLF (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify "The National Hearing Conservation Ass'n" of any changes to this information between now and the presentation.

Signature Cassandra L Ford, M.C., CCC-A Digitally signed by Cassandra L Ford, M.C., CCC-A
Date: 2022.11.22 09:03:06 -06'00' 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: Cassandra L Ford

Financial relationship with (name of Company/Organization): Examinetics, Inc

Date form completed: 11/22/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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.

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Program Planner/Instructional Personnel's Name: Caleb J.N. Kronen AuD

Course Title: "Hearing Conservation: The Basics" Workshop

HIPAA REQUIREMENTS

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I am in compliance with these policies: CJNK (INITIAL HERE)

Relevant financial relationships are 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.

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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Signature Caleb Kronen AuD Date 11/28/22

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: Caleb J.N. Kronen AuD

Financial relationship with (name of Company/Organization): Marion Downs Center

Date form completed: 11/28/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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

none

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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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Krystin Carlson

Course Title: The International Ototoxicity Management Group (IOMG) and Opportunities to Improve

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: KC (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature Krystin M. Carlson -S

Digitally signed by Krystin M. Carlson -S
Date: 2022.07.29 12:17:11 -04'00'

Date 7/29/22

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the 2023 conference of the National Hearing Conservation Association 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, NHCA 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: Khaya Clark

Course Title: Introduction to the International Ototoxicity Management Group (IOMG): Our Global

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: KC (INITIAL HERE)

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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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature Khaya D. Clark 1689017 Digitally signed by Khaya D. Clark 1689017 Date: 2022.07.25 14:16:22 -07'00' Date 7-25-22

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: Khaya Clark

Financial relationship with (name of Company/Organization): N/A no financial relationships to disclose

Date form completed: 7-25-22

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: Khaya Clark

Non-financial relationship with (name of Company/Organization/Institution):

N/A no non-financial relationships to disclose

Date form completed: 7-25-22

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: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the 2023 conference of the National Hearing Conservation Association 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, NHCA 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: Dawn Konrad-Martin

Course Title: Introduction to the International Ototoxicity Management Group (IOMG): Our Global

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: DKM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature Dawn L. Martin 531820 Digitally signed by Dawn L. Martin 531820
Date: 2022.07.25 13:51:36 -07'00' Date 7-25-22

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: Dawn Konrad-Martin

Financial relationship with (name of Company/Organization): N/A no financial relationships to disclose

Date form completed: 7-25-22

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: Dawn Konrad-Martin

Non-financial relationship with (name of Company/Organization/Institution):

I am listed as a co-inventor on two US Patents on methods and technology for ototoxicity monitoring.

Date form completed: 7-25-22

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: The 2 patents could someday be licensed and I could benefit.
- Professional, please describe: _____
- Political, please describe: _____
- Institutional, please describe: The 2 patents could someday be licensed and VA could benefit
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: Thais C. Morata

Course Title: Introduction to the International Ototoxicity Management Group (IOMG): Our Global

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: TM (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Thais C. Morata -S

Digitally signed by Thais C. Morata -S
Date: 2022.07.28 09:37:56 -04'00'

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): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: NHCA

Course Title: The Myth of Normal Hearing

HIPAA REQUIREMENTS

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I am in compliance with these policies: DSB (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature BRUNGART.DOUGLAS.S.1230136005 Digitally signed by BRUNGART.DOUGLAS.S.1230136005
DN: cn=U.S. Government, ou=DOD, ou=PKI, ou=DHA,
cn=BRUNGART.DOUGLAS.S.1230136005
Date: 2022.08.01 22:02:12 -04'07 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): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the National Hearing Conservation Association 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.

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Program Planner/Instructional Personnel's Name: Deanna K. Meinke

Course Title: No Need to Travel: Formative Design and Evaluation of the Dangerous Decibels® Online

HIPAA REQUIREMENTS

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I am in compliance with these policies: DKM (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify "~~Deanna K. Meinke~~ aaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature Deanna K. Meinke

Digitally signed by Deanna K. Meinke
Date: 2022.07.29 14:59:30 -06'00'

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): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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.

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Program Planner/Instructional Personnel's Name: Solenn Ollivier

Course Title: Towards a hearing protection device with hearing aid features

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: SO (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature Solenn Ollivier

Digitally signed by Solenn Ollivier
Date: 2022.08.05 15:12:31 -04'00'

Date 22-08-05

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): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, _____ 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: John G. Casali, PhD, CPE

Course Title: What you don't hear can kill you - the Conundrum of Balancing Hearing Protection and

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: JGC (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature John G. Casali

Digitally signed by John G. Casali
Date: 2022.07.18 14:12:46 -04'00'

Date 7/18/2022

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: John G. Casali

Financial relationship with (name of Company/Organization): Business partner in HEAR, LLC

Date form completed: 7/18/2022

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): <u>Business partner in HEAR, LLC</u> | |

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, _____ 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: Kichol Lee, PhD

Course Title: What you don't hear can kill you - the Conundrum of Balancing Hearing Protection and ...

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: KL (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify NHCA _____ of any changes to this information between now and the presentation.

Signature  Date 7/25/22

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: Kichol Lee

Financial relationship with (name of Company/Organization): Business partner in HEAR, LLC

Date form completed: 7/25/22

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 | |

Other financial benefit (please describe): Business partner in HEAR, LLC

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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, _____ 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: John P. Keady, PhD, PhD, JD, Esq.

Course Title: What you don't hear can kill you - the Conundrum of Balancing Hearing Protection and

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: JPK (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature John P. Keady Digitally signed by John P. Keady Date: 2022.07.25 17:36:34 -04'00' Date 7/25/2022

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: John P. Keady

Financial relationship with (name of Company/Organization): Business Partner in HEAR, LLC

Date form completed: 7/25/2022

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 | |

Other financial benefit (please describe): Business partner in HEAR, LLC

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NCHA 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: Madison McNeill

Course Title: The Importance of Hearing Conservation in College Orientation

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: MM (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify " NHCA " of any changes to this information between now and the presentation.

Signature _____ Date 7/28/2022

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Shibiao Su

Course Title: The National Hearing Conservation Association Annual Conference

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: S.S (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify NHCA of any changes to this information between now and the presentation.

Signature Shibiao Su Date 2022.7.31

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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the _____ 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, _____ 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: _____

Course Title: _____

HIPAA REQUIREMENTS

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I am in compliance with these policies: _____ (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and 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): _____

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Conner Jansen

Course Title: Self-Reported Hearing Difficulties and Modifiable Risk Factors: Worker Hearing Protection

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: CLJ (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify Conner Jansen of any changes to this information between now and the presentation.

Signature  Date 7/30/2022

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: Conner Jansen

Financial relationship with (name of Company/Organization): 3M Company

Date form completed: 7/30/2022

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input checked="" 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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the ___NHCA_____ 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, _____NHCA_____ 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: Elora Gupta

Course Title: Self-managed Hearing Health eTool : An integration of FDA, OSHA and NIOSH directives

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: EG (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" of any changes to this information between now and the presentation.

Signature El Gupta Date 7/28/22

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): _____

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: Elora Gupta

Non-financial relationship with (name of Company/Organization/Institution):

Audition Technology

Date form completed: 7/28/22

What is the nature of the non-financial relationship? (complete all that apply)

- Personal, please describe: _____
- Professional, please describe: Volunteer advisor
- Political, please describe: _____
- Institutional, please describe: _____
- Religious, please describe: _____
- Personal interest, please describe: _____
- Bias, please describe: _____
- Other relationship, please describe: _____

For what role?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Gregory M. Zarus

Course Title: Profiling the Ototoxicity of Metal Exposures

HIPAA REQUIREMENTS

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I am in compliance with these policies: GMZ (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify "NHCA" of any changes to this information between now and the presentation.

Signature Gregory Zarus -S Digitally signed by Gregory Zarus -S Date: 2022.07.29 12:51:25 -04'00' 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): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: Gregory M. Zarus

Course Title: Profiling the Ototoxicity of Exposure to Volatile Organic Compounds

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: GMZ (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Gregory Zarus -S

Digitally signed by Gregory Zarus -S
Date: 2022.07.29 12:51:25 -04'00'

Date _____

Financial Relationship Disclosure Form

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Planner/Presenter name: _____

Financial relationship with (name of Company/Organization): _____

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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the **NHCA** 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, **NHCA** 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: Alessandra Giannella Samelli

Course Title: **Non-auditory effects of noise: electrophysiological stress indices – pilot study**

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: AGS (INITIAL HERE)

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Do you have relevant financial relationships to disclose? No Yes, if yes complete page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature



Date 07/29/2022

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, **NHCA** 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: Alessandra Giannella Samelli

Course Title: **Noise in schools and its impact on teachers' work**

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: AGS (INITIAL HERE)

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature



Date 07/29/2022

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Abas Shkempi

Course Title: Examining spatial variability in occupational, environmental, and total noise across Michigan

HIPAA REQUIREMENTS

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I am in compliance with these policies: AS (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify NHCA of any changes to this information between now and the presentation.

Signature  Date 08/01/2022

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): _____

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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Helen Wu

Course Title: Ethylbenzene Ototoxicity: A Systematic Review of Auditory Outcomes in Animal Studies

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: HW (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify NHCA of any changes to this information between now and the presentation.

Signature  Date 07/28/2022

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): _____

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

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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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: Margaret Halinski, MM AuD
Course Title: Creation of a Hearing Conservation Program for Musicians, Educators, & Students

HIPAA REQUIREMENTS

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I am in compliance with these policies: MH (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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

Signature Margaret Halinski AuD Date 07/21/2022

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NGUG Team 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: Dr. Kichol Lee

Course Title: Auditory Situational Awareness Project

HIPAA REQUIREMENTS

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I am in compliance with these policies: MM (INITIAL HERE)

Relevant financial relationships are 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 page 2

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Do you have relevant non-financial relationships to disclose? No Yes, if yes complete page 3

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Signature  Date 7/31/22

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: Matthew Moschella

Financial relationship with (name of Company/Organization): Paid Researcher

Date form completed: 7/31/22

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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

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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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 2023 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, Stephen M. Tasko 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: Stephen M. Tasko

Course Title: Approaches to measuring noise reduction of firearm suppressors

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: SMT (INITIAL HERE)

Relevant financial relationships are 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 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 disclosure is accurate at the time of completion and I agree to notify NHCA _____ of any changes to this information between now and the presentation.

Signature  Date 2022/07/29

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: Stephen M. Tasko

Financial relationship with (name of Company/Organization): American Suppressor Association (ASA)

Date form completed: 2022/07/29

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 | |

Other financial benefit (please describe): Presentation relies on data collected prior to ASA consulting

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): Consulting arrangement with ASA for standard development

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?

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the NHCA 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, NHCA 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: Jesse Norris

Course Title: Developing a fast and easy system for hearing- and earplug fit-testing: An update on what

HIPAA REQUIREMENTS

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I am in compliance with these policies: JAN (INITIAL HERE)

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

Signature James (Jesse) A. Norris, PhD Digitally signed by James (Jesse) A. Norris, PhD
Date: 2022.08.02 08:14:33 -04'00' 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: Jesse Norris

Financial relationship with (name of Company/Organization): Edare

Date form completed: 2022 August 2

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" 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

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Planner/Presenter name: Jesse Norris

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?

- Volunteer employment
- Volunteer teaching and speaking
- Board membership
- Volunteer consulting
- Volunteer membership on advisory committee or review panels
- Other volunteer activities (please describe): _____

Program Planner/Instructional Personnel Relationship Disclosure Form

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Based on the information provided, NHCA 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: Jesse Norris

Course Title: Reference Equivalent Threshold Sound Pressure Levels: What are those for?

HIPAA REQUIREMENTS

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Signature James (Jesse) A. Norris, PhD Digitally signed by James (Jesse) A. Norris, PhD
Date: 2022.08.02 08:20:48 -04'00' Date 2022 Aug 2

Financial Relationship Disclosure Form

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Planner/Presenter name: Jesse Norris

Financial relationship with (name of Company/Organization): Edare

Date form completed: 2022 August 2

What was received? (Check all that apply)

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Salary | <input type="checkbox"/> In kind |
| <input type="checkbox"/> Consulting fee | <input type="checkbox"/> Grants |
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| <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

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Planner/Presenter name: Jesse Norris

Non-financial relationship with (name of Company/Organization/Institution):

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Religious, please describe: _____

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Bias, please describe: _____

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For what role?

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Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe): _____