



International Society for Augmentative & Alternative Communication



Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association’s Continuing Education Board’s Requirements, ISAAC Conference 2014 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, ISAAC Conference 2014 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: Jane Farrall

Course Title: Speaking APPropriately: AAC and apps

HIPAA REQUIREMENTS

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I am in compliance with these policies: JF (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 Financial Relationship Disclosure Form)

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 Non-Financial Relationship Disclosure Form)

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify ISAAC Conference 2014 (conference2014@isaac-online.org) of any changes to this information between now and the scheduled presentation date. **I also understand that all completed Disclosure Forms must be returned to ISAAC no later than June 20th, 2014.**

Signature

Date 17th June 2014



International Society for Augmentative & Alternative Communication



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Program Planner/Instructional Personnel's Name: *Melaine Fried Oken*

Course Title: *AAC and progressive disease: Assessment & Intervention*

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Do you have relevant financial relationships to disclose?	
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Signature *Melaine Fried Oken*

Date *June 6, 2014*

Program Planner/Instructional Personnel Relationship Disclosure Form

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Program Planner/Instructional Personnel's Name: *Melaine Fried Oken*

Course Title: *AAC and progressive disease: Assessment & Intervention*

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Signature *Melaine Fried Oken*

Date *June 6, 2014*

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)

- | | |
|--|---|
| Salary | In kind |
| Consulting fee | Grants |
| Intellectual property rights | Gift |
| Speaking fee | Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds) |
| Royalty | |
| Honoraria | |
| Hold patent on equipment | |
| 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:

Financial relationship with (name of Company/Organization):

Date form completed:

What was received? (Check all that apply)

- | | |
|--|---|
| Salary | In kind |
| Consulting fee | Grants |
| Intellectual property rights | Gift |
| Speaking fee | Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds) |
| Royalty | |
| Honoraria | |
| Hold patent on equipment | |
| 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)
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Planner/Presenter name: *Sally Clendon*

Financial relationship with (name of Company/Organization): *ISAAC*

Date form completed: *2016/14*

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 checked="" type="checkbox"/> Other financial benefit (please describe): <i>Complimentary registration in exchange for pre-conference</i> | |

For what role? (Check all that apply)

- Employment
- Management position
- Teaching and speaking
- Board membership
- Ownership
- Consulting
- Membership on advisory committee or review panels
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- Other activities (please describe):

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Program Planner/Instructional Personnel's Name: Sally Clendon

Course Title: There is no can't: AAC, Literacy, + Meeting Complex Needs

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

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Signature

Sally Clendon

Date 20/06/14

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Program Planner/Instructional Personnel's Name: Jane Farrall

Course Title: "There is no can't": AAC, Literacy and Meeting Complex Needs

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Program Planner/Instructional Personnel's Name: Jane Farrall

Course Title: "There is no can't": AAC, Literacy and Meeting Complex Needs

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