

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

Program Planner/Instructional Personnel's Name: \_\_\_Planner: Catriona Steele  
Instructor: Heather Keller

## HIPAA REQUIREMENTS

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

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

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

Signature \_\_\_\_\_

Date Nov 21/2013

## 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: Heather Keller

Financial relationship with (name of Company/Organization): Abbott Nutrition, Nestle Nutrition

Date form completed: Nov 21, 2013

### 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 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)

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