Please read carefully and provide information in areas highlighted in RED.

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association's Continuing Education Board's Requirements, the Department of Communicative Disorders & Deaf Education (COMDDE) at Utah State University (USU) 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.

Please provide the information (in red) requested below:

Program Planner/Instructional Personnel's Name: Melanie W Hudson

Course Title: Supervision: A Distinct Area of Practice

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. In compliance with these policies: (MWH)

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?

☐ x 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 Program Planner of any changes to this information between now and the presentation.

Signature

Melanie W Hudson

Date

1/17/2019
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: Melanie W Hudson

Financial relationship with: (name of Company/Organization) Utah State University

Date form completed: 1/17/2019

What was received? (Check all that apply)

☐ Salary

☐ Consulting fee

☐ Intellectual property rights

☐ In kind

☐ Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)

☐ Royalty options or other ownership interest

☐ Honoraria excluding diversified mutual funds

For what role? (Check all that apply)

☐ Employment

☐ Management position

☐ Teaching and speaking

☐ Board membership

☐ Ownership

☐ Grants

☐ Gift

☐ Speaking fee

☐ Hold patent on equipment

☐ Other financial benefit (please describe):

☐ Consulting

☐ Membership on advisory committee or review panels

☐ Independent contractor (including contracted research)

☐ Other activities (please describe):