



Program Planners/Instructional Personnel Relationship Disclosure Form

To ensure balance, independence, objectivity and scientific rigor in all CE courses, the Nebraska Speech-Language and Hearing Association (NSLHA) requires program planners/instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning.

Full Name: Angela M. Dietsch, Ph.D., CCC-SLP

Email Address: angela.m.dietsch@health.mil

Presentation Title: Orofacial Muscle Tone in Younger and Older Normal Speakers

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: AD (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 Form*.

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

Signature

Angela M. Dietsch, Ph.D.

Date 3 FEB 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.

Full Name: Angela M. Dietsch, Ph.D., CCC-SLP

Financial relationship with (name of Company/Organization/Individual): U.S. Army Medical Research and Materiel Command (via my contracted employment with the Henry M. Jackson Foundation for the Advancement of Military Medicine, which administers a grant from U.S. Army Medical Research and Materiel Command that funds my salary).

Date: 3 Feb 2014 *AD*

What was received? (Check all that apply)

- Salary
 - Consulting fee
 - Intellectual property rights
 - Speaking fee
 - Royalty (for book or product sales)
 - Honoraria
 - Hold patent on equipment
 - In kind
 - Grants
 - Gift
 - Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
 - Other financial benefit (please describe):
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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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