

Relationship Disclosure Form for CE Program Planners & Instructional Personnel

The International Neuropsychological Society (INS) requires instructional personnel and program planners to disclose **any relevant financial and/or non-financial relationships that are related to course content during course planning and prior to the instructional activity**. Based on the information provided, INS will engage the instructional personnel in a guided interview process that seeks to understand how the relevant financial or non-financial relationship may influence the content of the course. *Any speaker or planner who refuses to disclose financial or nonfinancial relationships will be disqualified from participating in the planning and implementation of the course.*

I. PERSONAL INFORMATION	Instructor or Planner Name: _____
II. RELATIONSHIP DISCLOSURE	
1. Do you have relevant financial relationships to disclose? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete page 2)	
Relevant FINANCIAL relationships are those 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.	
2. Do you have relevant non-financial relationships to disclose? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete page 3)	
Relevant NON-FINANCIAL relationships are those that might bias an individual including any personal, professional, institutional, or other relationship. May also include personal interest or cultural bias	
III. JINS PUBLICATION PERMISSION AUTHORIZATION	
I the undersigned author hereby transfer exclusive copyright of this abstract submission (the "Work") to INS for publication in JINS as part of the INS Annual Meeting Proceedings. I warrant that this Work: is original; does not contain any libelous matter or unauthorized disclosure of protected health information; does not infringe on any existing copyright; and is the sole property of the author(s) who have full authority to make this agreement. I further agree to abide by the terms and conditions as detailed in the JINS copyright transfer form at journals.cambridge.org/images/fileUpload/documents/INS_CTF.pdf , to hold INS harmless for any and all defects or claims arising from publication of this work, and that INS assumes no liability for author copyright compliance. Through this exclusive copyright assignment, I give INS the royalty-free license: to use, publish, reproduce, transmit, distribute, or otherwise make available the Work in any physical or digital format; and to permit end-users to view, copy, and print the Work as it appears in JINS for their personal or limited business use (but not for resale) in accordance with published permission policies. INS will not create derivative works, assign exclusive copyright to another party, or modify the Work except for minor formatting adjustments needed for publication and/or distribution.	
<input type="checkbox"/> I agree.	
<input type="checkbox"/> US Government Exemption: I certify that this work was conducted and prepared during the course of employment by the United States government so that no copyright exists, and hence ownership cannot be transferred.	
<input type="checkbox"/> I do NOT agree, and therefore I understand that my abstract will <u>not</u> be published in JINS. I understand and agree that my abstract title (only) will be published in JINS as part of the formal Proceedings record.	
IV. USAGE AGREEMENT	
I hereby grant to INS an express license to use this abstract submission (the "Work") as described below:	
1. INS may share the Work with prospective CE course attendees by publishing or otherwise making available (in any format or medium) the <i>abstract title</i> and <i>formal abstract with learning objectives</i> .	<input type="checkbox"/> Agreed <input type="checkbox"/> Not agreed. I understand this may prevent my participation as an instructor.
2. INS may share the Work with registered CE course attendees and other approved users by publishing, reproducing, transmitting, or otherwise making available (in any format or medium) my <i>CE-required references</i> , and <i>handouts prepared from my slides</i> that I will approve and provide to INS.	<input type="checkbox"/> Agreed <input type="checkbox"/> Not agreed. I understand this may prevent my participation as an instructor.
3. In the formal meeting proceedings that are published in JINS, INS may include the Work's <i>title only</i> (unless I have agreed to the JINS Permission Authorization above, in which case my full abstract and correspondence details will be published).	<input type="checkbox"/> Agreed <input type="checkbox"/> Not agreed.
4. INS may record* the Work as it is presented, and then store, display, transmit, distribute, or otherwise make it available to approved end-users. I understand I receive no additional compensation for this activity. *Recording may include audio recording with simultaneous slide capture and/or video recording (for select plenaries only).	<input type="checkbox"/> Agreed <input type="checkbox"/> Not agreed.

I the undersigned author agree to the statements above and attest that the information in this disclosure is accurate at the time of completion. I agree to notify the INS Director of Continuing Education of any changes to this information between now and the presentation.

Signature: _____

Date: _____

Financial Relationship Disclosure Form

Relevant FINANCIAL relationships are those 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.

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"/> 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 panel
- Independent contractor (including contracted research)
- Other activities (please describe): _____

Non-Financial Relationship Disclosure Form

*Relevant **NON-FINANCIAL** relationships are those that might bias an individual including any personal, professional, institutional, or other relationship. May also include personal interest or cultural bias.*

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: _____

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

Date form completed: _____

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

- Personal, please describe: _____
- Professional, please describe: _____
- Institutional, please describe: _____
- Bias, please describe: _____
- Other relationship, describe: _____

For what role? (Check all that apply)

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