

Course Planner and Instructor Review

Thank you for agreeing to work with _____ as a course planner and/or instructor. Please complete the following information. We will review and get back to you with any questions.

Name: _____

Email: _____

Phone Number: _____

I am serving as (check all that apply):

- Course Planner
- Instructional Personnel (i.e., Presenter/Author/Content Creator)

Proposed Course Title: _____

Course description

Insert a brief description of the course (400-character limit)

Learning outcomes

Insert proposed [learner outcomes](#) for course (if available)

Biography

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Attach your CV or resume

- Check this box when you have included your CV or resume.

Related licensures and certifications

Clinical/professional experience related to course content

Teaching and research experience related to course content

Instructional design experience (if applicable)

Professional Development:

Please confirm that you have completed professional development activities (e.g., courses, article reviews, mentoring, on the job training, etc.) related to the course content in the past 5 years.

- Yes
 No

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Disclosures

In compliance with the [Standards for ASHA Continuing Education Providers](#), _____ requires course planners and instructors to disclose information regarding any relevant relationships related to course content or design.

Based on the information provided, _____ will engage with the course planners/instructors to understand how relevant relationships may influence course content or design.

Course planners and instructors will be finalized only after this form has been received and reviewed by _____.

Instructions: Provide the information requested and ensure that all relevant relationships are disclosed on this form.

Presenters need only disclose those relationships that are relevant to and may influence course content and design.

Relevant Relationships

These may include:

- Receiving a salary, royalty, intellectual property rights, gifts, speaking fee, consulting fee, honorarium, ownership interest, or other financial benefit
- “Contracted research” in which the institution receives the grant, manages the funds, and the individual is the principal or named investigator on the grant
- Person or professional roles, experiences, and background

Do you have any relationships that are relevant to the proposed course’s content or design to disclose?

No Yes

If yes, please describe relationships that are relevant to the proposed course’s content.

Name of Company, Organization, Individual, or Other	Description of Relationship (e.g., salary, royalty, intellectual property rights, personal or professional roles, etc.)

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Attestation

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

Signature _____ Date _____

FOR PROVIDER USE

Approved

Disqualified

Reason:

Additional Information Requested

Information Needed:

Follow Up Decision: