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CONFIDENTIALITY

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FULL DISCLOSURE

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Ontomati Omidren's Pospital Medical Center	
University of Cincinnati	
Knowledge and Implementation in Paediatr	Audiology Academy of Audiology Conflict of Interest, Confidentiality & Full
	e to be bound by these provisions for the duration of my appointed or
	Michael P Scott Digitally signed by Michael P Scott Date: 2020.10.16 13:48:19 -04'00'
	Signature

Name Michael P Scott

10/16/2020	41011329
Date	Member Number

All Academy (organization) involvements



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other organization	ns for which I hold a voluntary d (officer or member) include:	position, such as
 	American Speech Language Hearing Assoc	ciation (Board)
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Holly FB Tea	agle Teagle Date: 2020.10.18 21:32:25 +13'00'	
Signature		
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Name		
	other organization or member), board demy of Audiology be bound by these Signature Holly FB Teagle	Holly FB Teagle Teagle Date: 2020.10.18 21:32:25 +13'00' Signature Holly FB Teagle

10/18/2020

Date

All Academy (organization) involvements

Member Number



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FULL DISCLOSURE

hereby disclose the following: or have other financial interest a committees and task forces (cha	nd other organization	ns for which I hold a voluntary	y position, such as
have reviewed the American Ad Disclosure Agreement. I agree t elected term.			
	Signature Jessica J Messersmith		
	Name Leadership Council, AAA	Foundation	•
	All Academy (org	janization) involvements	

41025434

Member Number

10/15/2020

Date

FULL DISCLOSURE

	st and other organizations to (chair or member), board (c	am employed, have a consulting relationship for which I hold a voluntary position, such as officer or member) include:
I have reviewed the America Disclosure Agreement. I ag elected term.	n Academy of Audiology Coree to be bound by these process. Signature	onflict of Interest, Confidentiality & Full rovisions for the duration of my appointed or
	Name Geoffrey Plant All Academy (organ	ization) involvements
	October 18, 2020 Date	Member Number



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FULL DISCLOSURE

	nd other organization	re I am employed, have a consulting relationship, ons for which I hold a voluntary position, such as rd (officer or member) include:
University of Nebraska-Lincoln (employed)	 	Plural Publishing (royalties)
NIH/NIDCD (CDRC standing study section mem	ber; grant recipient)	Auditory Implant Research (board member)
Ear and Hearing editorial board		
	,	y Conflict of Interest, Confidentiality & Full e provisions for the duration of my appointed or
elected term.	Michelle Hu	Digitally signed by Michelle Hughes Date: 2020.10.20 15:31:42 -05'00'
	Signature Michelle L. Hughes	
	Name	

10/20/2020

Date

All Academy (organization) involvements

024559-00

Member Number



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FULL DISCLOSURE

	other organizations for whi	ployed, have a consulting relationship, ch I hold a voluntary position, such as or member) include:
I have reviewed the American Acad Disclosure Agreement. I agree to be elected term.		is for the duration of my appointed or



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	n Academy of Audiology Conflict of Interest, Confidentiality & Full ree to be bound by these provisions for the duration of my appointed Tom Walsh Date: 2020.10.20 09:58:20 Signature	 ed or
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	Name	
	Thomas P. Walsh	
	All Academy (organization) involvements	

CI Practice Guidelines

Member Number

10/20/2020 Date



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Wayne State University		
Cochlear Americas		
	Academy of Audiology Conflict of Interest, Confidence to be bound by these provisions for the duration of	•
sicolog term.	Teresa A Zwolan Digitally signed by Teresa A Zwolan Date: 2020.10.21 13:56:49 -04'00'	
	Signature	
	Name Teresa A Zwolan	•
	All Academy (organization) involvements	•

2258800

Member Number

10-21-2020

Date



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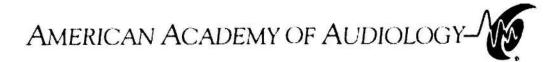
FULL DISCLOSURE

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or have other financial interest and other organizations	s for which I hold a voluntary position, such as
committees and task forces (chair or member), board	(officer or member) include:
University of Memphis School of Communication Sci and Disorders (faculty)	ASHA SIG 8 (Audiology and Public Hoalth) Momber at Large

University of Memphis School of Communication Schand Disorders (lacuity)	ASHA SIG 6 (Audiology and Public Health) Member at Large
University of Tennessee Health Science Center (affiliated faculty)	
Arkansas Children's Hospital (audiologist PRN)	

I have reviewed the American Academy of Audiology Conflict of Interest, Confidentiality & Full Disclosure Agreement. I agree to be bound by these provisions for the duration of my appointed or elected term.

Sarah Warren	igitally signed by Sarah Warren ate: 2020.10.20 12:41:21 -05'00'
Signature Sarah E. Warren	
Name AAA member	
All Academy (organization	on) involvements
10/20/20	41020578
Date	Member Number



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FULL DISCLOSURE

I hereby disclose the following: or have other financial interest committees and task forces (ch Audiology Advisory Board member for Advanced	and other organization nair or member), board	s for which I hold a voluntary po	
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I have reviewed the American and Disclosure Agreement. I agree elected term.	Signature Jill B. Firszt, PhD Name	Conflict of Interest, Confidential provisions for the duration of manization involvements Member Number	lity & Full ly appointed or



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I have reviewed the American Acad Disclosure Agreement. I agree to b	, ,,	

elected term.

Signature
Laurie Eisenberg

Name
None
All Academy (organization) involvements

10-16-20

Date

Member Number

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	Anne Beiter Date: 2020.11.03 16:34:54	
	Signature	_
	Name Anne Louise Beiter	_
	All Academy (organization) involvements	

Member Number

November 3, 2020

Date