Requirements, the NORTHEAST COMPRENCE OF PROPERSIONALS 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. Based on the information provided, DR MARSHALL CHASIN will engage the program planner/instructional personnel in a guided interview process which seeks to understand how the relevant financial or nonfinancial relationship may influence the content of the course. Program Planner/Instructional Personnel's Name: DR. MARSHALL CHASIN Course Title: A HEARING AID SOLUTION(S) FOR MUSIC 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. (INITIAL HERE) I am in compliance with these policies: 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? 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 CHIP HERB, VP OF EDUCATION, NJAHHPa of any changes to this information between now and the presentation. Date 02/16/2015 Signature

Program Planner/Instructional Personnel Relationship Disclosure Form In compliance with American Speech-Language Hearing Association's Continuing Education Board's