

Biographical Data Form and Financial Interest Disclosure

This form may be duplicated. Complete ONE form for EACH instructor (DO NOT SEND CV).

EVENT NAME _____ **EVENT DATE** _____

INSTRUCTOR NAME/CREDENTIALS: _____

Preferred Mailing Address: _____

Cell Phone: _____ Preferred Email: _____

EMPLOYER: _____

Address: _____

Daytime Telephone: _____ Fax: _____

Present Position: _____

EDUCATION (POST HIGH SCHOOL): (Include basic preparation through highest degree held.)

Degree	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
1.			
2.			
3.			

CURRENT AREA(S) OF SPECIALIZATION OR CONCENTRATION (Check all that apply)

- | | | | | |
|---|--|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Education | <input type="checkbox"/> Neuro-ophthalmology | <input type="checkbox"/> Refractive | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> General ophthalmology | <input type="checkbox"/> Pediatrics/strabismus | <input type="checkbox"/> Research | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cornea | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Plastics | <input type="checkbox"/> Retina | _____ |

EXPERIENCE: Briefly describe your professional experience, area(s) of expertise, and any certifications, including publications, which qualify you to teach this course. **(DO NOT SEND CV.)**

OFF-LABEL OR INVESTIGATIONAL USE DISCLOSURE

Off-label or investigational use is any use other than that approved by the Food and Drug Administration.

Faculty will discuss off-label uses: Yes No

How will you inform learners of this off-label or investigational use? _____

FINANCIAL INTEREST DISCLOSURE

For the purpose of this **Financial Interest Disclosure**, "Designated Company" means an entity related directly or indirectly to the manufacture or distribution of lenses, pharmaceuticals, medical devices or instruments, or vision care products or services commonly utilized by ophthalmologists.

Check all boxes that apply and sign below.

Yes <input type="checkbox"/> No <input type="checkbox"/>	I, or a member of my family, or my professional partnership or corporation, or my employer, or co-instructor(s) / co-author(s), currently or within the preceding twelve (12) months have had a financial interest in Designated Company, or a financial relationship, or advisory capacity with any Designated Company or entity related to my presentation, poster, or submitted manuscript. Complete the following if applicable:
<input type="checkbox"/> Stock shareholder <input type="checkbox"/> Consultant, advisor, or employee (compensated or non-compensated) <input type="checkbox"/> Educational grant or research funds <input type="checkbox"/> Received free/discounted products or services <input type="checkbox"/> Received travel stipend or honoraries <input type="checkbox"/> Participated as a member of an advisory panel <input type="checkbox"/> Corporate Sponsor	Company Name: _____ Company Name: _____ Company Name: _____ Company Name: _____ Company Name: _____ Company Name: _____ Company Name: _____



2025 Woodlane Drive, St. Paul, MN 55125-2998
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Course Information Form

INSTRUCTOR NAME/CREDENTIALS: _____

Course Title: _____

Course Format: (Check only ONE of the following)

Lecture Workshop, limited to _____ participants

Course Level: (Check only ONE of the following)

Basic Intermediate Advanced Masters Level

Course Duration: _____ Hour(s) (60 minute periods)

COURSE DESCRIPTION: _____

INSTRUCTIONAL OBJECTIVES: (JCAHPO would like 2-4 instructional objectives)

Upon completion of this course, the participant should be able to:

1. _____

2. _____

3. _____

4. _____

DUPLICATION AND DISTRIBUTION PERMISSION. PLEASE REVIEW AND CHECK AS APPLICABLE:

Please use my **MATERIALS** for distribution to attendees for the course I am teaching.

I will supply my own **MATERIALS** for distribution to attendees.

PERMISSION TO RECORD AND COPYRIGHT LICENSE

Please read and sign the following permission to record and copyright license agreement. This is a binding agreement and a condition to your participation in JCAHPO's program(s).

Yes, I agree to the following:

No, I do not agree to the following:

The Instructor hereby grants JCAHPO permission to audiotape, videotape, film and/or digitally record Instructor's presentation ("Lecture"). Instructor understands and agrees that JCAHPO shall own the copyright in any and all such recordings and that JCAHPO may use such recordings for its business purposes including but not limited to distribution of a distance-learning course for an indefinite period of time. Instructor will retain copyright to the underlying course material including original graphics/animations being repurposed. Instructor acknowledges that any and all profits from the sale of the Lecture, recordings of the Lecture and/or Materials belong to JCAHPO and Instructor will not earn or claim any royalty or payment for the same.

The Instructor grants to JCAHPO a non-exclusive world wide non-revocable royalty-free license to copy, use, reproduce, and distribute in whole or in part the Lecture and/or Materials. The Instructor represents and warrants to JCAHPO:

- a. That the Instructor is the author of the Lecture and/or Materials presented during the Course;
- b. That the Lecture and/or Materials are the Instructor's original work and that the license in the Lecture and/or Materials granted to JCAHPO does not infringe upon any statutory copyright, common law right, proprietary right, or any other intellectual property or legal right of any party whatsoever;
- c. To the extent the Lecture and/or Materials contain any third party's works of authorship, Instructor has obtained all necessary licenses and rights to enable Instructor to grant a valid license to JCAHPO pursuant to this Agreement; and
- d. That Instructor is the sole current owner of the copyright of the Lecture and/or Materials and has not assigned any part of such copyright or any exclusive license of the same.

The Instructor agrees to indemnify JCAHPO against and hold JCAHPO harmless from any loss, expense, damage, cost or attorney fees suffered by reason of a breach of any of the foregoing warranties.

SIGNATURE: By mail or fax _____

Signature of Instructor: _____ Date: _____

SIGNATURE: By email _____

This serves as an official signature of authentication for all claims and information included in this form.
By checking this box, I verify that the content within this document is valid and factual.

By clicking "Submit", this form will be emailed directly to JCAHPO.

