**Co-Presenter Bio and Disclosure Form**

**SCHA 2026 Annual Meeting**

**March 16-18, 2026**

**CO-PRESENTER
BIO AND DISCLOSURE FORM**

*All disclosures that are determined by the ACHA/SCHA Program Planning Committee to be relevant relationships will be shared with the participants/learners in meeting materials prior to the start of the educational activity.*

Program Title\*:

**CONTACT INFORMATION**

***Important: Enter your name, degrees, and institution exactly as they should appear in public conference materials.***

Name\*: Degree(s)/Certification(s)\*:

Institution\*: Job Title\*:

Email\*: Phone\*:

**MAJOR/SPECIALTY AREA**

**List your completed academic degree(s) and major or specialty area.**

|  |  |
| --- | --- |
| **Degree/ Certification** | **Major/Specialty Area** |
| *Ex: PhD* | *Ex: Clinical Psychology* |
|  |  |
|  |  |

**QUALIFICATION STATEMENT\***

As you prepare your bio statement, please do not put “See CV” or other attachment. Consider the following when preparing your response:

* Clearly state your content expertise related to the topic of your presentation.
* Include relevant academic appointments, involvement in professional organizations, and/or awards/honors received.
* Specify the number of years you’ve been working on the program initiative, topic area, or specialty.
* Describe your involvement in implementation of research, initiative, topic area, or specialty.
* Indicate whether you have presented on this topic before.

*EXAMPLE*

I have been working as a Psychologist in our Counseling Center for five years. My dissertation was on identity development among trans students. In my current role I primarily work with trans students, and I serve as the Co-Investigator of this study. I have presented about this research on-campus and at other national conferences.

|  |
| --- |
| I am qualified to give this specific presentation because…  |

 **CONFLICT OF INTEREST (COI) DISCLOSURE**

**POLICY**

ACHA/SCHA is obligated to the organizations that grant us CE accreditation/approval to ensure that all educational activities are developed and presented with independence, objectivity, and scientific rigor. It is our responsibility to ensure that they are free from promotion of specific goods or services, and that they are free from actual or potential bias.

All faculty/presenters/authors/planners are required to disclose **all financial relationships** with any ineligible companies (defined below) that you have had over the past 24 months, regardless of the amount and regardless of whether you view the financial relationships as relevant to the education. The Program Coordinator will identify and mitigate, as appropriate, any relevant relationships and **the presence or absence of relevant financial relationships for all persons in control of content** will be disclosed to the participants/learners **before the learner engages in the education**.

*Please note:* the identification of financial relationships with ineligible companies does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.

\_\_ **I have read, fully understand, and agree to adhere to the conflict of interest information above and below.**\*

**DISCLOSURE OF RELATIONSHIP(S)**

**Definitions**

**Ineligible Company:** The ACCME defines an ineligible company as any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Additional entities that are considered by ACHA to be ineligible companies include for-profit entities that develop, produce, market, or distribute products and services that promote wellness, and that provide administrative products and/or services used in student health.

**Relevant Relationship,** as defined by ACCME and ANCC, are relationships with an ineligible company, if the products or services of the ineligible company are related to the content of the educational activity.

**Nature of the Financial Relationship:** Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.

**During the past 24 months have you had a financial, professional, or personal relationship (including self-employment and sole proprietorship) with a company (as defined above)?\***If you have a financial relationship with a company but aren’t sure whether it fits the definition above, it’s best to check yes and include the information.

\_\_ Yes \_\_ No

**If yes, list the full company name(s) with the specific relationship(s). Also indicate whether the CE content over which you have control contains information about products or services of the ineligible company.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Ineligible Company | Nature of the Financial Relationship | Has the Relationship Ended? | Does the program contain information about products or services of the company. |
|  |  |[ ] [ ]
|  |  |[ ] [ ]

**OFF-LABEL USE**

**Will your presentation include discussion of off-label, experimental, and/or investigational use of drugs, devices, medical procedures, or interventions?\***

\_\_ Yes \_\_ No

**If yes, list drugs, devices, and/or procedures to be discussed.**

|  |
| --- |
|  |

**SIGNATURE\***

By typing my name below, I am providing my electronic signature indicating that all the information entered in this Program Submission Form is accurate. I further attest that I will not promote any products, goods, or services, or bias the educational activity in any manner.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |