

## Billings, Christina

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**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, April 01, 2021 3:10 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, April 1, 2021 - 3:10pm

Submitted values are:

First Name: Christine

Last Name: Arenson

Credentials: MD

Email Address: [carenson@umn.edu](mailto:carenson@umn.edu)

Activity / Course Title: Heartland IPE

Activity Date(s): 7/29/2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Opening Plenary Panel

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Christine Arenson

## CME

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**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Tuesday, May 25, 2021 3:05 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

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- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Tuesday, May 25, 2021 - 3:05pm

Submitted values are:

First Name: Siti

Last Name: Arshad-Snyder

Credentials: Ed.D., CPHIMS

Email Address: [arshadsnydersiti@clarksoncollege.com](mailto:arshadsnydersiti@clarksoncollege.com)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Education: Collecting and Scoring Student Reflections

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Siti Arshad-Snyder

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, April 05, 2021 12:14 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, April 5, 2021 - 12:13am

Submitted values are:

First Name: ARVIN

Last Name: BAES

Credentials: PhD Candidate, MAN, RN

Email Address: [arvinbaes@gmail.com](mailto:arvinbaes@gmail.com)

Activity / Course Title: 3RD ANNUAL HEARTLAND INTERPROFESSIONAL EDUCATION CONFERENCE

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Holistic Needs Assessment and Coping Strategies of Cancer Patients

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will submit my course materials in advance to allow for adequate peer review.

- Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: ARVIN BAES

## CME

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**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, June 04, 2021 10:50 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

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Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, June 4, 2021 - 10:50am

Submitted values are:

First Name: Kimberly Beran-Shepler

Last Name: Beran-Shepler

Credentials: PT DPT OCS FNAP

Email Address: [kimberlyberan@creighton.edu](mailto:kimberlyberan@creighton.edu)

Activity / Course Title: HIPE conference

Activity Date(s): July 29-30

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Building Bridges: CIPER drives Innovation in IPE at Phoenix Health Sciences Campus

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Kimberly Beran-Shepler



## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Tuesday, July 27, 2021 9:29 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

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3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Tuesday, July 27, 2021 - 9:29am

Submitted values are:

First Name: Heather

Last Name: Billings

Credentials: PhD

Email Address: [billings.heather@mayo.edu](mailto:billings.heather@mayo.edu)

Activity / Course Title: HIPE conference

Activity Date(s): July 29-30

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Jump Start your next IPE Activity with the IPE Checklist

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Heather Billings

## CME

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**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, June 30, 2021 3:12 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, June 30, 2021 - 3:11pm

Submitted values are:

First Name: Austin

Last Name: Brake

Credentials: ASEMS, NRP, EMS-I

Email Address: [austinbrake@gmail.com](mailto:austinbrake@gmail.com)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference, July 29-30

Activity Date(s): Friday, July 30

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Improving Team Dynamics using Interprofessional Simulation: A Unique Approach

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will discuss the pros and cons of competing products in my presentation.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not

applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Austin Daniel Brake

## Billings, Christina

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**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 03, 2021 3:59 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 3, 2021 - 3:59pm

Submitted values are:

First Name: Liliana

Last Name: Bronner

Credentials: MHSA, MBA

Email Address: [lbronner@unmc.edu](mailto:lbronner@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Liliana Bronner

## CME

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**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, June 04, 2021 12:49 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, June 4, 2021 - 12:48pm

Submitted values are:

First Name: Michelle

Last Name: Brosey

Credentials: OTD OTR/L CHT

Email Address: [mbrosey@messiah.edu](mailto:mbrosey@messiah.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Faculty Perspectives of an in-person event during a pandemic

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Michelle Brosey



## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, June 04, 2021 3:08 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, June 4, 2021 - 3:08pm

Submitted values are:

First Name: Karen

Last Name: Burket

Credentials: DPT

Email Address: [kburket@messiah.com](mailto:kburket@messiah.com)

Activity / Course Title: 2021 Heartland IPE: Poster Presentation

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Faculty Perspectives of an in-person event during a pandemic

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Karen Burket

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 03, 2021 4:14 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 3, 2021 - 4:14pm

Submitted values are:

First Name: Claudia

Last Name: Chaperon

Credentials: PhD, APRN, GNP-BC

Email Address: [cchapero@unmc.edu](mailto:cchapero@unmc.edu)

Activity / Course Title: Planning Committee for HIPE

Activity Date(s): 07/29 to 7/20/2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest? I will ensure that any speakers or content I suggest is independent of commercial bias.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Declaration: Claudia Chaperon

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, March 03, 2021 3:54 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, March 3, 2021 - 3:53pm

Submitted values are:

First Name: Teresa

Last Name: Cochran

Credentials: DPT, MA, FNAP

Email Address: [teresa.cochran@unmc.edu](mailto:teresa.cochran@unmc.edu)

Activity / Course Title: planning committee

Activity Date(s): July 29-20, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Teresa Cochran

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, March 08, 2021 10:21 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, March 8, 2021 - 10:21am

Submitted values are:

First Name: Dean

Last Name: Collier

Credentials: Pharm.D.

Email Address: [dcollier@unmc.edu](mailto:dcollier@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Dean Collier

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Tuesday, July 27, 2021 6:03 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

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Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Tuesday, July 27, 2021 - 6:03pm

Submitted values are:

First Name: Kristen

Last Name: Cook

Credentials: Pharm D

Email Address: [kmcook@unmc.edu](mailto:kmcook@unmc.edu)

Activity / Course Title: HIPE Conference

Activity Date(s): 7-30-21

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: nterprofessional Diabetic Patient Care Team-based Telehealth Simulation

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.



Disclosure of Off-Label Uses: Not applicable.

Declaration: Kristen Cook

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, February 04, 2021 12:12 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, February 4, 2021 - 12:12pm

Submitted values are:

First Name: Cindy

Last Name: Costanzo

Credentials: PhD, RN, FNAP

Email Address: [cindycostanzo@creighton.edu](mailto:cindycostanzo@creighton.edu)

Activity / Course Title: Interprofessional Conference HIPE

Activity Date(s): July 29 and 30th August 5th and 6th

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Cindy Lee Costanzo

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, July 01, 2021 12:17 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, July 1, 2021 - 12:17pm

Submitted values are:

First Name: Beth

Last Name: Culross

Credentials: PhD, RN, GCNS-BC

Email Address: [bculross@unmc.edu](mailto:bculross@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): 7/29-7/30

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Collaboration: Health Humanities in Physician Assistant Education

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Beth Culross

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, June 30, 2021 11:03 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, June 30, 2021 - 11:02am

Submitted values are:

First Name: Laura

Last Name: Delaney

Credentials: MSPA, PA-C

Email Address: [laura.delaney@dmu.edu](mailto:laura.delaney@dmu.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education (HIPE) Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional OSCE experience in health science education: A pilot study /Poster presentation

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).  
Declaration: Laura A Delaney

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, May 28, 2021 9:03 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, May 28, 2021 - 9:03am

Submitted values are:

First Name: Pam

Last Name: Dickey

Credentials: MPAS, PA-C

Email Address: [Pamela.dickey@unmc.edu](mailto:Pamela.dickey@unmc.edu)

Activity / Course Title: Interprofessional Collaboration: Health Humanities in Physician Assistant Education (IHAPAE)

Activity Date(s): November 2019 - anticipated end date of July 16, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Collaboration: Health Humanities in Physician Assistant Education (IHAPAE)

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.



Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Pam Dickey

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 17, 2021 3:17 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 17, 2021 - 3:16pm

Submitted values are:

First Name: Joy

Last Name: Doll

Credentials: OTD, OTR/L, FNAP

Email Address: [jdoll@cynchealth.org](mailto:jdoll@cynchealth.org)

Activity / Course Title: HIPE

Activity Date(s): July 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Panel

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will discuss the pros and cons of competing products in my presentation.
- I will submit my course materials in advance to allow for adequate peer review.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Joy Doll

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 03, 2021 4:58 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 3, 2021 - 4:58pm

Submitted values are:

First Name: Colin

Last Name: Dworak

Credentials: MBA

Email Address: [colindworak@creighton.edu](mailto:colindworak@creighton.edu)

Activity / Course Title: Regional Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest? I will ensure that any speakers or content I suggest is independent of commercial bias.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Declaration: Colin Dworak

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, June 25, 2021 12:39 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, June 25, 2021 - 12:39pm

Submitted values are:

First Name: Karen

Last Name: Edwards

Credentials: MHA PhD

Email Address: [kedwards@ithaca.edu](mailto:kedwards@ithaca.edu)

Activity / Course Title: Annual Case Competition to Facilitate Interprofessional Collaboration and Communication

Activity Date(s): 7/29/21

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Annual Case Competition to Facilitate Interprofessional Collaboration and Communication

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Karen Edwards

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, March 08, 2021 12:31 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, March 8, 2021 - 12:31pm

Submitted values are:

First Name: Kellie

Last Name: Ellerbusch

Credentials: BLA

Email Address: [kellerbusch@unmc.edu](mailto:kellerbusch@unmc.edu)

Activity / Course Title: RHIEC

Activity Date(s): Ongoing

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Kellie Ellerbusch



## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, February 18, 2021 10:58 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, February 18, 2021 - 10:57am

Submitted values are:

First Name: Cynthia

Last Name: Ellis

Credentials: MD

Email Address: [cellis@unmc.edu](mailto:cellis@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest? I will ensure that any speakers or content I suggest is independent of commercial bias.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Declaration: Cynthia Ellis

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 03, 2021 4:10 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 3, 2021 - 4:09pm

Submitted values are:

First Name: Nehad

Last Name: El-Sawi

Credentials: PhD

Email Address: [nehad.el-sawi@dmu.edu](mailto:nehad.el-sawi@dmu.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Nehad El-Sawi

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, June 28, 2021 4:18 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, June 28, 2021 - 4:18pm

Submitted values are:

First Name: Abbey

Last Name: Fingeret

Credentials: MD MHPTT

Email Address: [abbey.fingeret@unmc.edu](mailto:abbey.fingeret@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): 7/30/21

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Diabetic Patient Care Team-based Telehealth Simulation

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).  
Declaration: Abbey Fingeret

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 03, 2021 4:18 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 3, 2021 - 4:17pm

Submitted values are:

First Name: Sarah

Last Name: Flanagan

Credentials: MSW, MPA, LCSW

Email Address: [flanagansarah@clarksoncollege.edu](mailto:flanagansarah@clarksoncollege.edu)

Activity / Course Title: HIPE Conference

Activity Date(s): July 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Sarah Flanagan

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, March 24, 2021 1:53 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, March 24, 2021 - 1:52pm

Submitted values are:

First Name: Jody

Last Name: Frost

Credentials: PT, DPT, PhD, FAPTA, FNAP

Email Address: [jodygandy@comcast.net](mailto:jodygandy@comcast.net)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference

Activity Date(s): July 29, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Keynote Panel Presentation

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.



Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Jody Shapiro Frost

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Tuesday, June 01, 2021 7:21 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Tuesday, June 1, 2021 - 7:20am

Submitted values are:

First Name: KELLY

Last Name: GASSMAN

Credentials: MPAS, PA-C

Email Address: [kraye1890@gmail.com](mailto:kraye1890@gmail.com)

Activity / Course Title: Heartland interprofessional conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Training in Addiction Psychiatry: The Time is Now

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Kelly Gassman

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 17, 2021 3:19 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 17, 2021 - 3:19pm

Submitted values are:

First Name: Jo Anne

Last Name: Genua

Credentials: PhD, RN, MN, BScN, CCHNC

Email Address: [JoAnneGenua@creighton.edu](mailto:JoAnneGenua@creighton.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Jo Anne Genua

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Sunday, July 18, 2021 3:44 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

-----  
Submitted on: Sunday, July 18, 2021 - 3:43pm

Submitted values are:

First Name: Amber

Last Name: Golden

Credentials: DNP, APRN, AGPCNP-BC

Email Address: [amber.golden@unmc.edu](mailto:amber.golden@unmc.edu)

Activity / Course Title: concurrent sessions

Activity Date(s): 7-30-2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Team Education through Telehealth to Improve Geriatric Transitional Care

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Amber Golden

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Saturday, February 06, 2021 11:38 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Saturday, February 6, 2021 - 11:38pm

Submitted values are:

First Name: Shaun

Last Name: Grammer

Credentials: DMSc, PA-C

Email Address: [shaun.grammer@unmc.edu](mailto:shaun.grammer@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. :

- Moderator or Facilitator
- Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.
- I will recuse myself from planning activity content in which I have a conflict of interest.



Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Declaration: Shaun Grammer

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, July 26, 2021 9:43 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, July 26, 2021 - 9:42am

Submitted values are:

First Name: Elissa

Last Name: Hall

Credentials: EdD

Email Address: [hall.elissa@mayo.edu](mailto:hall.elissa@mayo.edu)

Activity / Course Title: HIPE Conference

Activity Date(s): Friday, July 30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Jump Start Your Next IPE Activity with the IPE Checklist

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Elissa Hall

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, February 04, 2021 10:04 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, February 4, 2021 - 10:03am

Submitted values are:

First Name: William

Last Name: Hay

Credentials: MD

Email Address: [whay@unmc.edu](mailto:whay@unmc.edu)

Activity / Course Title: Hearthland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: William Hay, MD

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, May 10, 2021 9:09 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

-----  
Submitted on: Monday, May 10, 2021 - 9:08am

Submitted values are:

First Name: Matthew

Last Name: Henry

Credentials: PhD

Email Address: [Matthew.Henry@dmu.edu](mailto:Matthew.Henry@dmu.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Developing an asynchronous IPE event using Interprofessional Professionalism Collaborative videos.

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Matthew Henry

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, February 04, 2021 7:36 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, February 4, 2021 - 7:35am

Submitted values are:

First Name: Michael

Last Name: Hollins

Credentials:

Email Address: [michael.hollins@unmc.edu](mailto:michael.hollins@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have



any financial relationships to report.

Declaration: Michael Hollins

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, June 24, 2021 10:58 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, June 24, 2021 - 10:58am

Submitted values are:

First Name: SHAUN

Last Name: HORAK

Credentials: DMSc, PA-C

Email Address: [horak.shawn@hotmail.com](mailto:horak.shawn@hotmail.com)

Activity / Course Title: HIPE Conference

Activity Date(s): Friday, July 30, 2021, 4:15 – 4:45 pm

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Collaboration: Health Humanities in Physician Assistant Education (IHAPAE)

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: SHAUN C HORAK

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, June 24, 2021 8:31 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, June 24, 2021 - 8:30am

Submitted values are:

First Name: Megan

Last Name: Hotchkiss

Credentials: PT, DPT

Email Address: [mhotchkiss@ithaca.edu](mailto:mhotchkiss@ithaca.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference

Activity Date(s): July 29, 2022

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Annual Case Competition to Facilitate Interprofessional Collaboration and Communication

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Megan E Hotchkiss

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Saturday, June 26, 2021 11:27 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Saturday, June 26, 2021 - 11:26am

Submitted values are:

First Name: Mia

Last Name: Hyde

Credentials: MPAS, PA-C

Email Address: [mia.hyde@unmc.edu](mailto:mia.hyde@unmc.edu)

Activity / Course Title: Interprofessional Diabetic Patient Care Team-based Telehealth Simulation

Activity Date(s): 7/29 - 7/30/21

Please indicate your role in this course. : Activity Director

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest? I will ensure that any speakers or content I suggest is independent of commercial bias.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Declaration: Mia Hyde

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 03, 2021 6:18 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 3, 2021 - 6:17pm

Submitted values are:

First Name: Gail

Last Name: Jensen

Credentials: PhD, PT

Email Address: [gailjensen@creighton.edu](mailto:gailjensen@creighton.edu)

Activity / Course Title: Heartland Interprofessional Education Conference (HIPE)

Activity Date(s): July 29, 30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Gail M. Jensen



## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, May 19, 2021 3:25 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, May 19, 2021 - 3:24pm

Submitted values are:

First Name: Jennifer

Last Name: Jessen

Credentials: EdD, RN

Email Address: [jenniferjessen@creighton.edu](mailto:jenniferjessen@creighton.edu)

Activity / Course Title: HIPE

Activity Date(s): 7/29/2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: The Application of IPEC Skills Towards a Learner's Future Practice

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Jennifer Jessen

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Tuesday, July 20, 2021 11:44 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Tuesday, July 20, 2021 - 11:44am

Submitted values are:

First Name: Grace

Last Name: Johnson

Credentials: PT, DPT, OCS

Email Address: [gcjohnson@unmc.edu](mailto:gcjohnson@unmc.edu)

Activity / Course Title: HIPE Conference 2021

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Effect of the COVID-19 Pandemic on an Interprofessional Student Run Free Clinic

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Grace C. Johnson

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, June 28, 2021 11:41 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, June 28, 2021 - 11:40am

Submitted values are:

First Name: Suhasini

Last Name: Kotcherlakota

Credentials: PHD

Email Address: [skotcherlakota@unmc.edu](mailto:skotcherlakota@unmc.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education (HIPE) Conference

Activity Date(s): July 30

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Universal Design approach for enhancing Inclusivity in Interprofessional E-Learning Module

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Suhasini Kotcherlakota

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, June 30, 2021 12:50 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, June 30, 2021 - 12:49pm

Submitted values are:

First Name: Sarah

Last Name: Kriss

Credentials:

Email Address: [sarah.kriss@unmc.edu](mailto:sarah.kriss@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title:

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to

report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Sarah Kriss



## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, July 01, 2021 1:24 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, July 1, 2021 - 1:24pm

Submitted values are:

First Name: Steve

Last Name: Langan

Credentials: MFA

Email Address: [slangan@unomaha.edu](mailto:slangan@unomaha.edu)

Activity / Course Title: Interprofessional Collaboration: Health Humanities in Physician Assistant Education (IHAPAE)

Activity Date(s): July 29 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Collaboration: Health Humanities in Physician Assistant Education (IHAPAE)

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Steve Langan

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, June 25, 2021 2:04 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, June 25, 2021 - 2:04pm

Submitted values are:

First Name: Thomas

Last Name: Lockhart

Credentials: MD

Email Address: [tj.lockhart@unmc.edu](mailto:tj.lockhart@unmc.edu)

Activity / Course Title: 3RD ANNUAL HEARTLAND INTERPROFESSIONAL EDUCATION (HIPE) CONFERENCE

Activity Date(s): 7/30/21

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Improving Team Dynamics using Interprofessional Simulation: A Unique Approach

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: TJ Lockhart

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 17, 2021 3:57 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 17, 2021 - 3:56pm

Submitted values are:

First Name: Lady Beverly

Last Name: Luma

Credentials:

Email Address: [ladybeverly.luma@unmc.edu](mailto:ladybeverly.luma@unmc.edu)

Activity / Course Title: HIPE conference

Activity Date(s): July

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: lady beverly luma

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, May 12, 2021 4:25 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, May 12, 2021 - 4:24pm

Submitted values are:

First Name: Julie

Last Name: Manz

Credentials: PhD, RN

Email Address: [jmanz@creighton.edu](mailto:jmanz@creighton.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference

Activity Date(s): July 29 & 30th, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Competency Assessment in a COVID-19 Vaccination Clinic

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Julie A Manz



## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Tuesday, May 25, 2021 10:35 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Tuesday, May 25, 2021 - 10:34am

Submitted values are:

First Name: Tess

Last Name: McKinney

Credentials:

Email Address: [tess.mckinney@unmc.edu](mailto:tess.mckinney@unmc.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference

Activity Date(s): July 29-30

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Emerging Technologies for Education (VR/AR/360 Tours/Apps)

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will discuss the pros and cons of competing products in my presentation.
- I will submit my course materials in advance to allow for adequate peer review.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Tess McKinney

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, June 18, 2021 4:45 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, June 18, 2021 - 4:44pm

Submitted values are:

First Name: Nancy

Last Name: McMahon

Credentials: MSN, RN, CNE, CPN

Email Address: [mcmahonnancy@clarksoncollege.edu](mailto:mcmahonnancy@clarksoncollege.edu)

Activity / Course Title: 3RD ANNUAL HEARTLAND INTERPROFESSIONAL EDUCATION (HIPE) CONFERENCE

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: An Interactive Approach to Learning about Roles and Responsibilities

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Nancy McMahon, MSN, RN, CNE, CPN

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Tuesday, July 20, 2021 5:28 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Tuesday, July 20, 2021 - 5:27am

Submitted values are:

First Name: Kimberly

Last Name: Michael

Credentials: MA, RT(R), RDMS, RVT, FSDMS

Email Address: [kkmichael@unmc.edu](mailto:kkmichael@unmc.edu)

Activity / Course Title: Jump Start Your Next IPE Activity with the IPE Checklist

Activity Date(s): July 30th

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Jump Start Your Next IPE Activity with the IPE Checklist

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Kimberly Michael

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, March 29, 2021 12:23 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, March 29, 2021 - 12:22pm

Submitted values are:

First Name: Barret

Last Name: Michalec

Credentials: PhD

Email Address: [Barret.Michalec@asu.edu](mailto:Barret.Michalec@asu.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference Presentation

Activity Date(s): July 30th 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Collaborative Practice, Teams and the Community

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Barret Michalec



## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, May 14, 2021 4:36 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, May 14, 2021 - 4:35pm

Submitted values are:

First Name: Michael

Last Name: Miller

Credentials: EdD, RN, NRP

Email Address: [mikemiller@creighton.edu](mailto:mikemiller@creighton.edu)

Activity / Course Title: Heartland Interprofessional Education Conference - Interprofessional Competency Assessment in a COVID-19 Vaccination Clinic

Activity Date(s): July 29 & 30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Competency Assessment in a COVID-19 Vaccination Clinic

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Michael G. Miller

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Tuesday, May 25, 2021 11:03 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Tuesday, May 25, 2021 - 11:02am

Submitted values are:

First Name: Margo

Last Name: Minnich

Credentials: DNP, RN

Email Address: [margominnich@creighton.edu](mailto:margominnich@creighton.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Humanities in Health Policy and Advocacy

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Margo Minnich

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, June 28, 2021 5:16 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, June 28, 2021 - 5:15pm

Submitted values are:

First Name: Libby

Last Name: Moberg

Credentials:

Email Address: [primarycarecenter@unmc.edu](mailto:primarycarecenter@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): Friday, July 30, 2021, 11:30 am – 12 pm Central Standard Time (CST)

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Using an Interactive Module to Teach Role and Responsibility Competencies

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Libby Moberg

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, June 11, 2021 1:15 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, June 11, 2021 - 1:15pm

Submitted values are:

First Name: Peggy

Last Name: Moore

Credentials: MEd, Director E-Learning, Asst. Professor

Email Address: [peggy.moore@unmc.edu](mailto:peggy.moore@unmc.edu)

Activity / Course Title: HIPE Conference 2021

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Jump Start Your Next IPE Activity with the IPE Checklist

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Peggy Moore



## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, May 10, 2021 9:24 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, May 10, 2021 - 9:23am

Submitted values are:

First Name: Amy

Last Name: Morris

Credentials: PhD

Email Address: [amy.morris@dmu.edu](mailto:amy.morris@dmu.edu)

Activity / Course Title: HIPE conference

Activity Date(s): 7-29-21 - 7-30-21

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Developing an asynchronous IPE event using Interprofessional Professionalism Collaborative videos.

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Amy Morris

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 17, 2021 3:19 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 17, 2021 - 3:19pm

Submitted values are:

First Name: Andreia

Last Name: Nebel

Credentials: EdD, PT, DNP, FNAP

Email Address: [nebel@clarksoncollege.edu](mailto:nebel@clarksoncollege.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Andreia D. Nebel

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 03, 2021 4:04 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 3, 2021 - 4:04pm

Submitted values are:

First Name: Devin

Last Name: Nickol

Credentials: MD

Email Address: [dnickol@unmc.edu](mailto:dnickol@unmc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. :

- Moderator or Facilitator
- Planning Committee Member
- Presenter/Speaker

Presentation Title: Opening Keynote - Panel Discussion

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of

commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Devin Nickol

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, May 19, 2021 2:58 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, May 19, 2021 - 2:57pm

Submitted values are:

First Name: Kathryn

Last Name: Onorato

Credentials: MS, MS-HWC

Email Address: [kathrynonorato@creighton.edu](mailto:kathrynonorato@creighton.edu)

Activity / Course Title: NA

Activity Date(s): NA

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: The Application of IPEC Skills Towards a Learner's Future Practice

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Kathryn Onorato



## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Monday, March 29, 2021 5:55 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Monday, March 29, 2021 - 5:55am

Submitted values are:

First Name: Andrea

Last Name: Pfeifle

Credentials: EdD, PT, FNAP

Email Address: [andrea.pfeifle@osumc.edu](mailto:andrea.pfeifle@osumc.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29, 2021

Please indicate your role in this course. :

- Moderator or Facilitator

- Presenter/Speaker

Presentation Title: Opening Keynote/Panel

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

- I will discuss the pros and cons of competing products in my presentation.

- I will submit my course materials in advance to allow for adequate peer review.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Andrea L. Pfeifle

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, March 04, 2021 12:19 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, March 4, 2021 - 12:19pm

Submitted values are:

First Name: julie

Last Name: ronnebaum

Credentials: PT, DPT, PhD

Email Address: [julie.ronnebaum@dmu.edu](mailto:julie.ronnebaum@dmu.edu)

Activity / Course Title: HIPE

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: julie ronnebaum

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 17, 2021 3:12 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 17, 2021 - 3:11pm

Submitted values are:

First Name: Yun

Last Name: Saksena

Credentials:

Email Address: [yun.saksena@unmc.edu](mailto:yun.saksena@unmc.edu)

Activity / Course Title: Heartland Interprofessional Conference

Activity Date(s): July 29th – 30th, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Yun Saksena

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, June 24, 2021 8:14 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, June 24, 2021 - 8:13am

Submitted values are:

First Name: Martin

Last Name: Schmidt

Credentials: PhD

Email Address: [mschmidt@dmu.edu](mailto:mschmidt@dmu.edu)

Activity / Course Title: Heartland IPE Conference

Activity Date(s): 6/30/21 to 6/31-21

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Teaching Collaboration in Genetic Counseling Through Interprofessional Structured Clinical Encounters

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not

applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Martin Schmidt



## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, February 04, 2021 5:37 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, February 4, 2021 - 5:36pm

Submitted values are:

First Name: Anne

Last Name: Schoening

Credentials: PhD, RN, CNE

Email Address: [aschoening@creighton.edu](mailto:aschoening@creighton.edu)

Activity / Course Title: HIPE 2021 Conference

Activity Date(s): July 29-30

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Anne Schoening

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Tuesday, May 11, 2021 2:34 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Tuesday, May 11, 2021 - 2:34pm

Submitted values are:

First Name: Sondra

Last Name: Schreiber

Credentials: M.A.

Email Address: [sondra.schreiber@dmu.edu](mailto:sondra.schreiber@dmu.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29 and 30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Virtual Global Health Experience Demonstrates Interprofessional and Intercultural Gains

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Sondra Schreiber

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, May 28, 2021 11:33 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, May 28, 2021 - 11:33am

Submitted values are:

First Name: Sue

Last Name: Schuelke

Credentials: PhD RN NPD-BC CNE CCRN-K

Email Address: [sue.schuelke@unmc.edu](mailto:sue.schuelke@unmc.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference

Activity Date(s): July 29-July 30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Immersive Virtual Reality: The new reality in healthcare education

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I

agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Sue Schuelke

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 03, 2021 4:15 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 3, 2021 - 4:15pm

Submitted values are:

First Name: teryn

Last Name: sedillo

Credentials: DDS, FABSCD

Email Address: [terynsedillo@creighton.edu](mailto:terynsedillo@creighton.edu)

Activity / Course Title: HIPE planning Committee

Activity Date(s): 6/1/21

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: teryn sedillo



## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, July 28, 2021 9:26 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, July 28, 2021 - 9:26am

Submitted values are:

First Name: Joseph

Last Name: Siu

Credentials: PhD

Email Address: [kcsiu@unmc.edu](mailto:kcsiu@unmc.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference

Activity Date(s): 7/29/21

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: NeVRNER - Nebraska VR Network for Education and Research

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Joseph Siu

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, July 23, 2021 2:26 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

-----  
**Submitted on: Friday, July 23, 2021 - 2:25pm**

Submitted values are:

**First Name: Michael**

**Last Name: Smith**

Credentials: MD

Email Address: [michael.smith@unmc.edu](mailto:michael.smith@unmc.edu)

Activity / Course Title: Improv as a Gateway to Interprofessional Humanities in Healthcare Education

Activity Date(s): 7/30/2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Improv as a Gateway to Interprofessional Humanities in Healthcare Education

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

**Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.**

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).  
Declaration: Michael Smith

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, May 28, 2021 9:25 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Friday, May 28, 2021 - 9:24am

Submitted values are:

First Name: Chris

Last Name: Snyder

Credentials: MD, MBA

Email Address: [christopher.snyder@unmc.edu](mailto:christopher.snyder@unmc.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference

Activity Date(s): July 29th-30th

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: A 6-Week Pilot Study of a Mystery Case Learning Experience

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Chris Snyder

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, June 03, 2021 11:36 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, June 3, 2021 - 11:35am

Submitted values are:

First Name: Kimberly

Last Name: Somers

Credentials: PT, DPT, Assistant Professor

Email Address: [kimberlysomers@creighton.edu](mailto:kimberlysomers@creighton.edu)

Activity / Course Title: HIPE

Activity Date(s): 7/29/21-7/30/21

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Building Bridges: CIPER drives Innovation in IPE at Phoenix Health Sciences Campus

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Kimberly Somers



## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, May 20, 2021 10:08 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, May 20, 2021 - 10:07am

Submitted values are:

First Name: Sarah

Last Name: Sprinkle

Credentials: CT(ASCP)CM

Email Address: [saraha.hove@unmc.edu](mailto:saraha.hove@unmc.edu)

Activity / Course Title: Interprofessional Education: A Virtual Case Study Approach

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title:

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Sarah Sprinkle

## Billings, Christina

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**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, February 04, 2021 10:51 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, February 4, 2021 - 10:51am

Submitted values are:

First Name: Sharene

Last Name: Sterling

Credentials:

Email Address: [sharenersterling@creighton.edu](mailto:sharenersterling@creighton.edu)

Activity / Course Title: 3rd Annual Heartland Regional IPE Conference

Activity Date(s): July 29th and 30th 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest? I will ensure that any speakers or content I suggest is independent of commercial bias.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Declaration: Sharene Sterling

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, June 30, 2021 12:12 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, June 30, 2021 - 12:11pm

Submitted values are:

First Name: Benjamin

Last Name: Stobbe

Credentials: RN, MBA

Email Address: [benjamin.stobbe@unmc.edu](mailto:benjamin.stobbe@unmc.edu)

Activity / Course Title: 3RD ANNUAL HEARTLAND INTERPROFESSIONAL EDUCATION (HIPE) CONFERENCE

Activity Date(s): July 29, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Use of Simulation in Clinical Education: What We Know Today and Research Directions for Tomorrow.

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Ben Stobbe

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, July 28, 2021 9:46 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, July 28, 2021 - 9:45am

Submitted values are:

First Name: Renee R

Last Name: Sullivan

Credentials: MSN, APRN-GNP, BC

Email Address: [renee.sullivan@unmc.edu](mailto:renee.sullivan@unmc.edu)

Activity / Course Title: Poster Presentation

Activity Date(s): July 29, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Team Education through Telehealth to Improve Geriatric Transitional Care

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias?

- I will use generic names when possible. If proprietary names are used, I'll mention several companies that make relevant products.
- I will discuss the pros and cons of competing products in my presentation.
- I will submit my course materials in advance to allow for adequate peer review.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Renee R Sullivan, MSN, RN, APRN-GNP-BC

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, February 04, 2021 1:33 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, February 4, 2021 - 1:33pm

Submitted values are:

First Name: Andrea

Last Name: Thinnes

Credentials: OTD, OTR/L

Email Address: [andreathinnes@creighton.edu](mailto:andreathinnes@creighton.edu)

Activity / Course Title: HIPE Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest? I will ensure that any speakers or content I suggest is independent of commercial bias.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Declaration: Andrea M Thinnes



## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, May 13, 2021 1:26 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, May 13, 2021 - 1:25pm

Submitted values are:

First Name: Jennifer

Last Name: Tilleman

Credentials: PharmD

Email Address: [jennytilleman@creighton.edu](mailto:jennytilleman@creighton.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education Conference

Activity Date(s): July 29th & 30th

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional Competency Assessment in a COVID-19 Vaccination Clinic

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Jennifer A. Tilleman

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 03, 2021 4:58 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 3, 2021 - 4:57pm

Submitted values are:

First Name: Tory

Last Name: Van Heuvelen

Credentials: MS

Email Address: [tory@creighton.edu](mailto:tory@creighton.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Tory Van Heuvelen

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, February 17, 2021 3:16 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Wednesday, February 17, 2021 - 3:16pm

Submitted values are:

First Name: Stephane

Last Name: VanderMeulen

Credentials: MA, MPAS, PA-C

Email Address: [stephanevandermeulen@creighton.edu](mailto:stephanevandermeulen@creighton.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Planning Committee Member

Activity Director, Coordinator, Planning Committee: How do you plan to balance any potential conflicts of interest?

- I will ensure that any speakers or content I suggest is independent of commercial bias.

- I will recuse myself from planning activity content in which I have a conflict of interest.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have

any financial relationships to report.

Declaration: Stephane VanderMeulen

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, June 24, 2021 4:51 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, June 24, 2021 - 4:51pm

Submitted values are:

First Name: Jana

Last Name: Waller

Credentials: MS, CCC-SLP Interim Associate Dean

Email Address: [jwaller@ithaca.edu](mailto:jwaller@ithaca.edu)

Activity / Course Title: Annual Case Competition to Facilitate Interprofessional Collaboration and Communication

Activity Date(s): July 29 and 30 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Annual Case Competition to Facilitate Interprofessional Collaboration and Communication

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Jana Waller



## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, May 06, 2021 1:09 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, May 6, 2021 - 1:09pm

Submitted values are:

First Name: Jana

Last Name: Wardian

Credentials: PhD, MSW

Email Address: [jana.wardian@unmc.edu](mailto:jana.wardian@unmc.edu)

Activity / Course Title: Illustrating Patient Context: Student Attitudes and Empathy Following Virtual Immersion

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Illustrating Patient Context: Student Attitudes and Empathy Following Virtual Immersion

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Jana Wardian

## CME

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, June 24, 2021 10:32 AM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

---

Submitted on: Thursday, June 24, 2021 - 10:32am

Submitted values are:

First Name: Patricia

Last Name: Weber

Credentials: MHA, RT, (R), (CT), (ARRT)

Email Address: [webertrish@clarksoncollege.edu](mailto:webertrish@clarksoncollege.edu)

Activity / Course Title: 3rd Annual Heartland Interprofessional Education (HIPE) Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: An Interactive Approach to Learning about Roles and Responsibilities

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices.

I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Patricia Weber

## Billings, Christina

---

**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Thursday, May 06, 2021 3:18 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

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Submitted on: Thursday, May 6, 2021 - 3:18pm

Submitted values are:

First Name: Tessa

Last Name: Wells

Credentials: PT, DPT

Email Address: [tessa.wells@unmc.edu](mailto:tessa.wells@unmc.edu)

Activity / Course Title: HIPE Conference

Activity Date(s): July 29-30, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Illustrating Patient Context: Student Attitudes and Empathy Following Virtual Immersion

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: No, I do not intend to discuss an off-label use of a commercial product(s)/device(s).

Declaration: Tessa M Wells

## CME

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**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Friday, June 25, 2021 12:28 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

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Submitted on: Friday, June 25, 2021 - 12:27pm

Submitted values are:

First Name: Kenna

Last Name: Willey

Credentials: MSPAS, PA-C

Email Address: [kenna.willey@dmu.edu](mailto:kenna.willey@dmu.edu)

Activity / Course Title: Heartland Interprofessional Education Conference

Activity Date(s): 07/29/2021 - 07/30/2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Interprofessional OSCE experience in health sciences education: A pilot study

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Not applicable. My presentation and/or materials does not include any identifying patient information.

Disclosure of Relevant Financial Relationships: No, within the past 24 months, I do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Kenna Willey



## CME

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**From:** DMU CME via DMU CME <cme@dmu.edu>  
**Sent:** Wednesday, May 05, 2021 5:36 PM  
**To:** CME  
**Subject:** Form submission from: Disclosure of Relevant Financial Relationships

Thank you for submitting your CME disclosure form! The Des Moines University CME office will contact you if further information is required.

If you are a speaker, please include a disclosure statement at the beginning of your presentation. Example disclosure statements are below.

- No Relevant Financial Conflicts: Relevant to the content of this educational activity, I do not have any relevant financial conflicts with commercial interest companies to disclose.
- Self: Relevant to the content of this educational activity, I am a consultant for ABC Pharma Company.
- Spouse or Partner: Relevant to the content of this educational activity, my spouse or partner is an advisory board member for XYZ Medical Device Manufacturer.

For your records, a copy of the submitted information is below.

Sincerely,

Vanessa Gray, MHA, CMP, CHCP  
Director, Continuing Medical Education  
Des Moines University  
3200 Grand Avenue  
Des Moines, IA 50312  
515-271-1596  
[cme@dmu.edu](mailto:cme@dmu.edu)  
<https://cme.dmu.edu/>

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Submitted on: Wednesday, May 5, 2021 - 5:36pm

Submitted values are:

First Name: Joseph

Last Name: Zorek

Credentials: PharmD, BCGP, FNAP

Email Address: [zorek@uthscsa.edu](mailto:zorek@uthscsa.edu)

Activity / Course Title: Heartland Conference - Invited Panel Presenter

Activity Date(s): July 29, 2021

Please indicate your role in this course. : Presenter/Speaker

Presentation Title: Panel Discussion - TBD Title

Presenter/Speaker: How do you plan to balance any potential conflicts of interest and/or keep your presentation free of commercial bias? Not applicable to my presentation. I will not be discussing any products, medications, and/or devices. I agree to protect patient confidentiality by removing any identifying factors within my presentation materials. : Yes, I agree.

Disclosure of Relevant Financial Relationships: No, within the past 12 months, I (and/or my spouse/partner) do not have any financial relationships to report.

Disclosure of Off-Label Uses: Not applicable.

Declaration: Joseph Zorek