

SUPPLEMENTAL COURSE
INSTRUCTOR APPLICATION

2022



Dear Supplemental Course Presenters,

Thank you for offering to teach an IAOM Supplemental Education Course. Enclosed is a packet of information that will help you with the application process. The IAOM Supplemental Education Course application has been modified and streamlined to make the application process easier and faster as you seek approval. The goal of the education committee is for the entire process to take 14 business days.

You should have received two files to proceed with the application process. (Part 1 and Part 2.) You should have a Supplemental Course Application **Checklist** and the Supplemental Course **Application** in the “Part 1” file. The checklist and application documents have been divided to make the process more efficient when utilizing both/all documents simultaneously. If you have not received two separate files including the above-mentioned documents, please reach out to someone at education@iaom.com.

To alleviate any confusion, here are some guidelines for completing the application correctly and efficiently:

- There is only one application per Instructor/Organization that needs to be completed.
- The First Section should only be completed by the Instructor/Organization.

* For the signature pages that require multiple signatures, you may add as many additional pages as necessary to provide the required signatures.

Again, thank you for sharing your expertise and spreading the word about our wonderful organization!

If we can be of further assistance, please do not hesitate to contact the Education Committee.

Please find relevant contact information for appropriate form submission, as appropriate.

Education Committee Co-Chairs: Marge Foran RDH, COM®, and
Karen Pollock MSLP, R.SLP(C), COM®, education@iaom.com
Executive Coordinator: Jenn Asher, info@iaom.com

Sincerely,

Education Committee
education@iaom.com



GENERAL INFORMATION

Once a Supplemental Education Course has been approved, changes to course content, materials, or presenter(s) during this timeframe must be immediately submitted to the Education Committee, education@iaom.com, for review approval.

You may not imply verbally or in writing, that attendance to your IAOM Approved course awards, grants, or confers participants IAOM certification status.

BADGE: The IAOM Badge is specific to accreditation/approval and its specified period. IAOM badge will be forwarded for use once the course has been approved. All marketing materials related to the course schedule **MUST** include the IAOM badge to the course, upon approval.

ASHA/AGD: At this time, IAOM does not provide assistance with the AGD/ASHA CE process, for Supplemental Courses.

IAOM: To ensure an accurate archiving of organization records, the IAOM must also keep specific records. Delays or omissions in submitting necessary paperwork puts the CE status of individual course participants as well as the IAOM in jeopardy. Timeliness and accurate submissions are essential. While the IAOM education committee is making every attempt to complete the approval process within two weeks of receipt, any questions, or requests for information from the course will begin the timeline again.

Required forms and visual verifications **MUST be forwarded to education@iaom.com and/or info@iaom.com, within timeframes designated.**

UNDERSTANDING OF ELIGIBILITY (a)

INSTRUCTORS

IAOM members are invited to teach Supplemental Education Courses for IAOM approved CEs, with content that is directly related to the field of orofacial myology. Supplemental Education Courses may or may not be taught by instructors who are IAOM members, but the content must be directly related to the field of orofacial myology.

IAOM CE APPROVED COURSE PARTICIPANTS

Eligibility to attend Supplemental Education Courses for IAOM member CE approval is defined as:

1. IAOM COM®/FOM members fulfilling certification maintenance requirements
2. A current registered IAOM member, in good standing.
3. A registered dental hygienist (with IAOM Introductory Course training)
4. A speech-language pathologist (with IAOM Introductory Course training)
5. A DDS (Doctor of Dental Surgery), or DMD (Doctor of Medicine in Dentistry) with IAOM Introductory Course training
6. Any professional that is eligible to become a COM® or FOM but not limited to OT, PT, SLP, RDH, RN, and DDS.

The number of IAOM approved CEs will be dependent upon the material as it relates to orofacial myofunctional therapy and related subject matter.

UNDERSTANDING OF ELIGIBILITY

I have read and understand the eligibility requirement for course participation.

Supplemental Course Instructor Signature: _____ Date: _____
 _____ Date: _____
 _____ Date: _____



IAOM Supplemental Course Integrated Instructor Signature Form (b)

Course Title: _____

Name of Instructor(s): _____

Date of the Course: _____

IAOM APPROVED CERTIFICATION TRACK COURSE DISCLAIMER

The IAOM Certification Track Courses follow rigorous content guidelines as approved by the organization. By approving Certification Track courses, the therapeutic techniques and personal opinions expressed by IAOM approved instructors, does not imply endorsement of any specific exercises or techniques.

IAOM HIPAA CONFIDENTIALITY AGREEMENT

To comply with the Health Insurance Portability and Accountability Act (HIPAA), program planners and instructional personnel agree to insure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient's/client's knowledge and written authorization.

As an instructor, I understand that it is my responsibility to ensure that all attendees are aware of all HIPAA confidentiality expectations.

SCOPE OF PRACTICE AGREEMENT

Nearly all health professionals have an established Scope of Practice that is generally defined by an overseeing body (i.e., APTA, AMA, ADHA, ASHA, ADA). State boards frequently use that Scope to oversee individual licensing. In the absence of recognized licensure for the practice of orofacial myology, it is incumbent upon the IAOM and its approved instructors to show special care in defining and educating course participants regarding orofacial myology as a modality of treatment and the possible limitations identified by the individual disciplines' scope of practice and licensure. Extra caution should be exercised to ensure that each attendee understands not only the possibilities and various outcomes of orofacial myology treatment, but also the limits of this clinical modality.

Copy of Instructor Vitae, of the last 5 years

With my signature, I acknowledge that:

- I am compliant with the code of ethics of my national/state/country's Professional association.
- I am a verified licensed (or the equivalent, for my place of residence) RDH, SLP, dentist or other allied health professionals.
- I have read and understand the courses's policies with regards to privacy and security of personal health information and agree to maintain confidentiality of all information obtained in the course.



I understand that inappropriate disclosure or release of related patient information is a violation of federal HIPAA law and can be grounds for future litigation.

- All information provided on and in connection with this form is true and correct to the best of my knowledge.

Supplemental Course Instructor Signature: _____ Date: _____

_____ Date: _____

_____ Date: _____

FINANCIAL/NONFINANCIAL RELATIONSHIP DISCLOSURES (c)

Instructor/Program Planner

Relevant financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds, and the individual is the principal or named investigator on the grant.

Does Instructor/Program Planner have relevant financial relationships to disclose?

No Yes

If yes, please fill out the financial disclosure forms below to identify any those relationships.

Relevant non-financial relationships are those relationships that might bias an individual including any personal, professional, political, institutional, religious, or other relationship. May also include personal interest or cultural bias.

Does Instructor/Program Planner have relevant non-financial relationships to disclose?

No Yes

If yes, please fill out the non-financial disclosure forms below to identify any of those relationships.

I, _____ (Instructor and/or program planner), attest that the information in this disclosure is accurate, at the time of completion, and I agree to notify the International Association of Orofacial Myology of any changes to this information between now and the presentation. I agree to verbally disclose all financial and non-financial relationships and provide a visual slide outlining these disclosures in the beginning of each course taught, as well as full disclosure on course promotional materials.

Supplemental Course Instructor Signature: _____ Date: _____

_____ Date: _____

_____ Date: _____

IAOM INTERNATIONAL ASSOCIATION of OROFACIAL MYOLOGY

FINANCIAL RELATIONSHIP DISCLOSURE INFORMATION (cA)

(Copy these pages as many times as needed to complete information regarding each of your relevant financial relationships).

Program Planners/Instructional personnel have a relevant financial relationship to this Supplemental Course. That relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners. As such, a disclosure of Financial Relationships for **program planners/instructional personnel/guest speakers** are to be included, as well.

Supplemental Education Instructor Name: _____

Program Planner Name: _____

Financial relationship with (name of Company/Organization): _____

Date form completed: _____

What was received? (Select all that apply) Salary Consulting fee Intellectual property rights Speaking fee Royalty Honoraria Hold patent on equipment In kind Grants Gift Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds) Other financial benefit (please describe): _____

For what role? (Select all that apply) Employment Management position Teaching and speaking Board membership Ownership Consulting Membership on advisory committee or review panels Independent contractor (including contracted research) Other activities (please describe): _____

Other Auxiliary Personnel Name: _____

Financial relationship with (name of Company/Organization): _____

Date form completed: _____

What was received? (Select all that apply) Salary Consulting fee Intellectual property rights Speaking fee Royalty Honoraria Hold patent on equipment In kind Grants Gift Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds) Other financial benefit (please describe): _____

For what role? (Check all that apply) Employment Management position Teaching and speaking Board membership Ownership Consulting Membership on advisory committee or review panels Independent contractor (including contracted research) Other activities (please describe): _____

FINANCIAL DISCLOSURE INFORMATION (cA)

Signature Page

Supplemental Course Instructor Signature: _____ Date: _____
_____ Date: _____
_____ Date: _____

Other Relevant Signature: _____ Title: _____
Date: _____

NON-FINANCIAL RELATIONSHIP DISCLOSURE INFORMATION (cB)

(Copy these pages as many times as needed to complete information regarding each of your relevant financial relationships).

Program Planners/Instructional personnel have a relevant non-financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Instructor Name: _____

Non-financial relationship with (name of Company/Organization/Institution):

Date form completed: _____

What is the nature of the non-financial relationship?

Consider the areas listed below. Please provide detailed explanation on separate page.

Personal, Professional, Political, Institutional, and Personal Interest.

For what role? Volunteer employment Volunteer teaching and speaking Board membership Volunteer consulting Volunteer membership on advisory committee or review panels Other volunteer activities (please describe): _____

Planner Name: _____

Non-financial relationship with (name of Company/Organization/Institution):

Date form completed: _____

What is the nature of the non-financial relationship?

Consider the areas listed below. Please provide detailed explanation on separate page.

Personal, Professional, Political, Institutional, and Personal Interest.

For what role? Volunteer employment Volunteer teaching and speaking Board membership Volunteer consulting Volunteer membership on advisory committee or review panels Other volunteer activities (please describe): _____

NON-FINANCIAL DISCLOSURE INFORMATION (cB)

Signature Page

Supplemental Course Instructor Signature: _____ Date: _____
_____ Date: _____
_____ Date: _____

Other Relevant Signature: _____ Title: _____
Date: _____





IAOM APPROVED SUPPLEMENTAL COURSE FEE AGREEMENT (d)

Instructor

I agree to pay the IAOM yearly \$200 annual fee. In addition, I agree to pay an additional \$50 fee for any additional course offering and/or courses taught by a different instructor or guest speaker(s).

I further agree that all IAOM fees must be paid in full upon the IAOM granting Supplemental Course approval for continuing education units (CE) or placing course information on the IAOM website.

I understand that I may not use the IAOM badges for marketing coursework until informed electronically in *writing* that the course has been approved.

I understand that electronic payment, available on the IAOM website, is the preferred method of payment, as it allows the electronic invoice to be created in a timely fashion. Should a check be required for payment, it should be submitted at the same time the application is submitted to the Education Committee for approval. The check should be made payable to the International Association of Orofacial Myology (IAOM) and sent to:

IAOM
P.O. Box 2352
Sequim, WA 98382

I have read and agreed to the terms of this agreement.

Supplemental Course Instructor Signature: _____ Date: _____
_____ Date: _____
_____ Date: _____



IAOM Promotional Materials Description (e)

Instructor

PROMOTIONAL MATERIALS: Submit copies of any marketing materials to be used to advertise or promote this activity and permission to view all social media platforms as they pertain to the approved Supplemental Education Course.

Things to Know:

Information must include the required IAOM Approved CE badge, in a highly visible location. The appropriate badges will be forwarded once this course has been approved.

Education objectives must be published on any brochures, publicity, materials, programs, advertisements, and all social media platforms etc.

In all promotional material, instructional personnel must list financial or non-financial disclosures, any products, or services that the course uses, or disclose the names of organizations contributing financial and in-kind support. If no disclosures are present, IAOM requires a sentence in the promotional material stating, “No relevant financial or non-financial relationships to disclose”.

IAOM Course presenters are responsible for the publicity of their courses, with the exception of free advertisement on the IAOM website, and IAOM social media platforms.



IAOM Website Advertisement Agreement

Instructor

This website advertisement format is the only acceptable format for the IAOM website. Please adhere to these guidelines:

- All information posted on the website must be approved by the Education Co-Chairs upon final review of the Education Committee.
- Disclaimer and IAOM badge indicating approval must be easily visible.
- The only advertisement on the IAOM website that will be allowed, is related to the approved Supplemental Education Course. No other courses that the instructor or organization offers will be advertised there.
- Changes to the website must be requested through the Education Co-Chairs for review and approval who will then forward them to the Executive Coordinator/Website Manager for website changes.
- Each approved course presenter is entitled to one complimentary site change to this information after its original initial posting. Additional approved changes will result in a \$25 fee per change.

I have read and agree to the terms of this requirement.

Supplemental Education Course Instructor Signature:

_____ Date: _____
_____ Date: _____
_____ Date: _____



MEMORANDUM OF UNDERSTANDING Form (f1)

Instructor

Purpose:

The International Association of Orofacial Myology (IAOM) is a non-profit professional organization providing education, training, and certification in the field of orofacial myology. The IAOM offers and maintains accreditation as a Continuing Education provider to licensed healthcare professionals. The IAOM relies on skilled, trained, and members to offer its curriculum.

Collaboration:

Memorandum of Understanding is an agreement between International Association of Orofacial Myology and IAOM and the approved Supplemental Course CE Instructor, _____ (*Name of Instructor*).

Financial:

The IAOM acknowledges _____ (*Name/Company*) will be responsible for providing time, staff, marketing, collection of all necessary documentation, as well as other unnamed expenses associated with this course offering. IAOM also acknowledges that _____ (*Name/Company*) will receive financial reimbursement for providing this continuing education IAOM approved Supplemental Course from individual course attendees.

Quality:

In order to maintain the integrity of its mission, educational guidelines, assist its instructors on a variety of topics and to offer general good counsel.

This Memorandum of Understanding will be in effective

_____ - _____ dates

Supplemental Education Course Instructor Signature:

Date: _____

Date: _____

Date: _____



MEMORANDUM OF UNDERSTANDING Form (f2)

Instructor

Purpose:

The International Association of Orofacial Myology (IAOM) is a non-profit professional organization providing education, training, and certification in the field of orofacial myology. The IAOM offers and maintains accreditation as a Continuing Education provider to licensed healthcare professionals. The IAOM relies on skilled, trained, and members to offer its curriculum.

Collaboration:

Memorandum of Understanding is an agreement between International Association of Orofacial Myology and IAOM and the approved Supplemental Course CE Instructor, _____ (*Name of Instructor*).

Financial:

The IAOM acknowledges _____ (*Name/Company*) will be responsible for providing time, staff, marketing, collection of all necessary documentation, as well as other unnamed expenses associated with this course offering. IAOM also acknowledges that _____ (*Name/Company*) will receive financial reimbursement for providing this continuing education IAOM approved Supplemental Course from individual course attendees.

Quality:

In order to maintain the integrity of its mission, educational guidelines, assist its instructors on a variety of topics and to offer general good counsel.

This Memorandum of Understanding will be in effective

_____ - _____ dates

Supplemental Education Course Instructor Signature:

Date: _____

Date: _____

Date: _____

COURSEWORK

Understanding Course Parameters for IAOM Approval Guidelines Supplemental Course

The following information is critical as you plan for your course:

- Instructors may or may not be IAOM members
- Number of contact hours must be recorded and accounted for
- Lunches and break times do not count toward “education minutes” but should be counted in your time-ordered agenda. (When applicable.)
- Working lunches are not allowed.
- Online courses must offer visual representation of accurate time attendance.

Evidence Based Practice: Instructors should adhere to evidence-based practice (as much as possible).

IAOM Approved Supplemental Education Course Dates and Locations (g)

Course Title: _____

Instructor: _____

Dates(s) and Location(s):

1) Date(s): _____ Location: _____

2) Date(s): _____ Location: _____

3) Date(s): _____ Location: _____

4) Date(s): _____ Location: _____

5) Date(s): _____ Location: _____

6) Date(s): _____ Location: _____

7) Date(s): _____ Location: _____

8) Date(s): _____ Location: _____

9) Date(s): _____ Location: _____

10) Date(s): _____ Location: _____