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**TNOTA Approved Provider Program**

**Presenter Disclosure Form**

This presenter disclosure form is made in reference to any content that is being submitted for approval via the Tennessee Occupational Therapy Association, Inc.’s (“TNOTA”) Approved Provider Program. For the purposes of this agreement, “Content” means any information, data, works or authorship including videos, images, lectures, course materials, and syllabi.

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I acknowledge that if I make changes to the content following initial submission, I will submit notice of changes to TNOTA at least 30 days prior to course date(s).  I understand that my application may not be changed once fully completed and approved.

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Please describe below any relationships, either personal, professional, or financial, as well as transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest relevant to TNOTA’s Approved Provider Program, its application and submission process, and/or course content:

I have no conflict of interest to report.

I have the following conflict of interest to report (please specify):

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I attest that I will not represent a vendor or sell products as a part of this presentation.

I herby release, discharge, promise not to sue, and hold harmless TNOTA and its affiliates, successors and assigns from and against any and all claims, demands and/or causes of action arising out of or in connection with the exercise of any rights herein granted, including, without limitation, any claim for infringement, right of publicity, libel, slander, defamation, moral rights, invasion of privacy or violation of any other rights relating to any Content I upload, share or otherwise provide in connection with use of the Platform.

I certify and represent that I have read this Release and fully understand its meaning and effect.

Applicant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_