

Bio/Disclosure Form

As a prospective planner or presenter/content expert/moderator, we need your help in protecting our learning environment from industry influence. Please complete the form below. All information will be kept confidential. Failure to comply with this request, will remove your ability to participate as planner/presenter/content expert/moderator for this activity. Attach additional pages, if needed.

*Only moderators participating in education (i.e., serving on panels, Q&A, or impacting content in any manner) require a biodisclosure. Moderators serving solely as announcers and time managers do *not* require a biodisclosure.

Date Submitted (mm/dd/yyyy)

Role in Educational Activity (Check all that apply.)

☒ Planner ☒ Presenter/Content Expert ☐ Moderator*

Section 1: Demographic Data

Name and credentials	Tess Konen	
Position and title	Senior Epidemiologist	
Current employer and address	Minnesota Department of Health 625 Robert St N, St Paul, MN 55155	
Phone	651-201-5606	Email Tess.Konen@state.mn.us

Section 2: Education and Expertise

Describe education specific to the educational activity listed above.

Degree	Year	Institution
MPH	2012	University of Michigan School of Public Health

Describe expertise specific to the educational activity listed above.

Tess Konen graduated from the University of Michigan, School of Public Health with a master's degree in Occupational Environmental Epidemiology. She completed a CSTE/CDC Epidemiology Fellowship at the Minnesota Department of Health (MDH) in the Minnesota Tracking program. Currently, she is an environmental epidemiologist in the Minnesota Tracking program focusing on heat-illness, acute poisonings, radon, birth defects, climate change indicators, and disaster epidemiology. She is the co-chair of the CSTE Disaster Epidemiology Subcommittee and works on post-disaster, long-term surveillance planning at MDH.

Section 3: Conflict of Interest

For Federal employees only: For the past 24 months, I have been a federal employee and have been covered by all of the federal ethics rules, including the bribery and illegal gratuities statute (18 U.S.C. § 201), the criminal conflict of interests statutes (18 U.S.C. §§ 202-209), and the Standards of Ethical Conduct for Employees of the Executive Branch (5 C.F.R. Part 2635).

☐ Yes ☒ No

OR

For Non-federal employees only: Please disclose **all** financial **relationships** that you have had in the past 24 months with ineligible companies. An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients (e.g., device manufacturers, pharmaceutical companies, or bio-medical startups that have begun a governmental regulatory approval process.) For any questions related to ineligible companies or any possible financial relationships, please contact your assigned CE Consultant.

NOTE: There is no minimum financial threshold; we ask that you disclose all financial relationships regardless of the amount with ineligible companies. Disclose the relationship regardless of the potential relevance of each relationship to the education. *Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, or ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.*

For the past 24 months, have you had **any** financial relationship with **any** ineligible company?

☐ Yes ☒ No

If yes, complete the table below.

Name of Ineligible Company	Nature of Financial Relationship	Has the Relationship Ended? (Y/N)

FOR DEVELOPERS ONLY: Indicate the mitigation strategy used for the individual(s) who identified financial relationships with ineligible companies.	
Mitigation steps for planner (choose at least one) ☐ Divest the financial relationship ☐ Recusal from controlling aspects of planning and content with which there is a financial relationship ☐ Peer review of planning decisions by persons without relevant financial relationships ☐ Use other methods (please describe):	Mitigation steps for presenter and others (choose at least one) ☐ Divest the financial relationship ☐ Peer review of content by persons without relevant financial relationships ☐ Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature or adhering to evidence-based practice guidelines) ☐ Use other methods (please describe):

****If Planner only, Skip sections 4 and 5.**

Section 4: Unlabeled Use

Will your presentation(s) or content you contributed include any discussion of unlabeled use of commercial products or products for investigational use?

☐ Yes ☒ No

If Yes, please explain your use of unlabeled products or products under investigational use. Attach additional pages, if needed.

Section 5: Title of Presentation (Live) **OR** Content Provided

Section 6: Statement of Understanding



Completion of the line below serves as the electronic signature of the individual completing this form and attests to the accuracy of the information given above.

Tess Konen, MPH	2/28/2023
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Typed Signature: Name and Credentials (Required)

Date