**TO SUBMIT A PROPOSAL:**

1. Compile your program and primary presenter information in this worksheet. *You will cut and paste this information to the online form in step 3.*
2. For each co-presenter, complete a separate **Co-Presenter Bio/Disclosure Form [MSWord]** and save under a file name beginning with the co-presenter's LAST NAME. *You will attach these forms to the online form in step 3.*
3. Once you are sure all information is complete, prepare yourself to enter the information online **in one sitting.** Cut and paste the information from this worksheet into the **Online Program Submission Form found thru the** [**NECHA website**](http://nechaonline.org/2018-annual-meeting/). At the end of the online form, you will be asked to attach your Program Information with your primary Presenter Bio/Disclosure Form and your Co-Presenter’s Bio/Disclosure forms. (Attach these documents in Word format, not as a PDF.)

Required fields are indicated by a “**\***”. Retain this worksheet and your co-presenter files for future reference.

**The deadline for program submissions is FRIDAY, March 2, 2018.**

|  |  |
| --- | --- |
| **Program Information, Part 1** | |
| **\* Program Title:** The title of the proposed program should reflect the content of that program. Please note: Cute titles tend to detract from the professionalism of the conference and make it harder to determine what will be presented. |  |
| **\* Primary Presenter:** List Name, Degree, Institution/Employer, and E-mail Address. | * Name, Degree: * Employer: * Email: |
| **\* Co-Presenters:** For all co-presenters, list names, degree(s), institution/employer, and email address. You will be asked to attach a co-presenter form for each co-presenter. | If you will not have co-presenters, indicate that information in this box. If you expect to have co-presenters but do not know their names, indicate that information in this box. |
| **Original Research: Does your program contain or report original research?** If yes, please specify in the abstract below. | \_\_Yes \_\_ No |
| **\* Pharmacology: Will your presentation include content related to pharmacology?**  If yes, please ensure that your objectives and content validate the pharmacology component. | \_\_Yes \_\_No  If yes, please estimate the percentage of session content related to pharmacology. \_\_10% \_\_30% \_\_50% \_\_75% \_\_100% |
| **\* Abstract:**  Provide a short (75 words) descriptive abstract of your presentation. Please be concise and clear with your description. Your abstract will be inserted VERBATIM in conference materials. If your presentation will address original research, please specify. NECHA reserves the right to edit your abstract. |  |
| **\* Practice Gap**:Briefly describe what the audience needs to "know" or "know how to do" that will be addressed by this session. Specify the source(s) that support the existence of this gap in knowledge and/or skills (e.g., data, standards, or other evidence-based support, personal experience)  NOTE: *A professional practice gap exists when there is a gap between what the professional is currently doing or accomplishing compared to what is desired/achievable on the basis of current professional knowledge.* |  |
| \* **Type of Gap:** Based on the description of the practice gap above, this presentation will address a gap in: | \_\_Knowledge \_\_Skills \_\_ Both |
| **\* Description of the Current State**  *EXAMPLE: Smoking is allowed on campus as long as it is not within 25 feet of any building.* |  |
| **\* Description of Desired/Achievable State**  *EXAMPLE: The campus is or will become a tobacco-free campus.* |  |
| **\* Purpose**  *EXAMPLE: The purpose of this activity is to enable the learner to explain the steps a campus needs to take to become tobacco-free.* | The purpose of this activity is to enable the learner to: |
| **\* Audience:**  Who is the *expected learner* for your program? Check all that apply, but be selective. Most programs have a primary audience (e.g., health educators, physicians, nurses). Selecting all or most disciplines when the program is for one or two specific disciplines is not helpful.  *The CE Committee uses this information to help determine CE credit for the program.* | \_\_Administrator \_\_ Pharmacist  \_\_ Advanced Practice \_\_ Physician  Clinician  \_\_Psychologist  \_\_ Counselor  \_\_ Social Worker  \_\_ Dietitian/Nutritionist  \_\_ Student  \_\_Health Educator  \_\_ Other, specify  \_\_Nurse |
| **References: List any evidence-based references used to develop this presentation.**  Listing references is not required but is highly recommended. Cite specific data, journal articles, official standards or recommenda­tions, etc. |  |
| **Diversity: Does your program address diversity?**  *(Addressing diversity is not a prerequisite for program selection.)*  **If YES:** Describe how it addresses diversity based on:  age • gender identity, including transgender • marital status • physical size • psychological/physical/learning disability • race/ethnicity • religious, spiritual, or cultural identify • sex • sexual orientation • socioeconomic status • military veteran status | \_\_No  \_\_Yes. Specify how the program will address diversity. |
| **Timing: NECHA sessions have historically been 90 minutes. Please fill out the CFP as such, but if we added a variety of 90-minute and 60-minutes sessions for 2018, would you be interested and able to make this session fit into a 60-minute time slot?**  This does not guarantee that your session will become a 60-minute session. | \_\_Yes  \_\_No |

|  |  |  |
| --- | --- | --- |
| **Learning Objectives and Content, Part 2**  ***Important: Refer to the*** [***Instructions for Writing Learning Objectives and Content***](http://www.acha.org/ACHA/Networks/Writing_Objectives.aspx) ***before completing this section.***  **Learning Objectives:** 2-3 learning objectives are recommended for a 90 minute session. If the presentation will address mental health issues, please ensure this is reflected in the objectives.   1. Begin each objective with **one** Describe • Recite • Explain • Identify • Discuss • Review   of these **measurable verbs:** Compare • Contrast • Define • Differentiate • List • Outline   1. Make a separate objective for each action. Each learning objective should contain only one verb and complete the phrase, “The participant should be able to…”   Example: *Define sleep deprivation and the consequences.*  These are **two separate actions** and should be **split into two objectives** as follows:   1. *Define sleep deprivation.* 2. *List the consequences of sleep deprivation.*   **Content:** List specifics that will be covered under each objective. Content must be congruent with purpose and objectives and should be evidence-based or based on the best available evidence. Include details beyond a restatement of objectives.  Include (1) **length of time** for each portion of the content and (2) **the presenter (**if more than one presenter) for each portion of the content. (See example below.)    EXAMPLE: Two speakers – L. Smith and J. Brown  **Objective:** *Define sleep deprivation.*  **Content:** *degrees of sleep (25% / L. Smith), quantity of sleep (10% / L. Smith), quality of sleep (15% / J. Brown), circadian factors (50% / L. Smith & J. Brown)*  **LENGTH OF TIME:** Concurrent session workshops are 90 minutes in length. Indicate approximate number of minutes devoted to each objective, including time for question/answer/discussion.  **LEARNING METHOD:** Include the learning method(s) for each objective.  EXAMPLES of Learning Methods: Power Point presentation, Lecture, Q/A, Group Discussion, Role Play. | | |
| **The participant should be able to…** | | |
| **Objective 1:** Start the objective withone of the measurable verbs listed under Learning Objectives above. | | **Learning Method:** |
| **Content for Objective 1:**  Include length of time and the presenter (if more than one presenter) for each portion of the content. | **Length of Time:** | **Presenter:** |
| **Objective 2:** Start withone of the measurable verbs listed under Learning Objectives above. | | **Learning Method:** |
| **Content for Objective 2:**  Include length of time and the presenter (if more than one presenter) for each portion of the content. | **Length of Time:** | **Presenter:** |
| **Objective 3:** Start withone of the measurable verbs listed under Learning Objectives above. | | **Learning Method:** |
| **Content for Objective 3:**  Include length of time and the presenter (if more than one presenter) for each portion of the content. | **Length of Time:** | **Presenter:** |

|  |  |
| --- | --- |
| **Primary Presenter Bio/Disclosure, Part 3**  The primary presenter is the main contact person for this proposal. It is the primary presenter's responsibility to ensure that the information submitted for the program and for all co-presenters is complete and accurate.  Presenter Information is required for each presenter, co-presenter, panel member, discussion leader, etc. If a presenter is speaking more than once, this information must be submitted for each program. | |
| **\* TITLE OF THE PROGRAM:**  (match the title on Part 1) | |
| **\* First Name:** |  |
| **\* Last Name:** |  |
| **\* Degree(s)** (as you would list them following your name – i.e., MPH, BSN) |  |
| **\* Job Title:** |  |
| **\* Institution/Employer:** |  |
| **\* Address 1:** |  |
| **Address 2:** |  |
| **\* City:** |  |
| **\* State:** |  |
| **\* Zip:** |  |
| **\* Telephone:** |  |
| **\* Email:** |  |
| **\* Training / Expertise:** Describe your training or experience that establishes your expertise on the proposed topic. |  |
| **\* Education / Certification:** List your degree(s) with date and educational institution. Also list relevant certification and/or specialty areas that relate to the proposed topic (e.g., PhD in Developmental Psychology). |  |
| **Publications:** List your publications that are most relevant to the proposed topic(up to 10). |  |
| **Academic Appointments:** List any academic appointments. |  |
| **Professional Organizations:** Describe your involvement in relevant professional organizations (e.g., ACHA, NECHA). |  |
| **Awards / Honors:** List any awards/honors received. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part 3, continued**  All faculty/presenters/authors are required to disclose any and all potential conflict(s) of interest for themselves and/or their spouse/partner (owner or sole proprietor, speakers’ bureau, grant/research support, major stock shareholder, employee/paid consultant, etc.). All disclosures that are determined by the Program Coordinator to be relevant relationships will be shared with the participants/learners in meeting materials and prior to the start of an educational activity. | | | |
| **\* Will the content of your material(s)/presentation(s) in the CE activity include discussions of unapproved or investigational uses of products or devices?** | | \_\_ No  \_\_Yes (specify all off-label or investigational use): | |
| **\* Do you and/or your spouse/partner have a financial interest, arrangement, or affiliation with any organization or business entity (including self-employment and sole proprietorship) that could be perceived as a conflict of interest or a source of bias in the context of this presentation?**  *Relationships must be disclosed during the time when the relationship is in effect and for 12 months afterward.* | | \_\_No  \_\_Yes (myself) \_\_\_ Yes (spouse/partner)  **If yes:** Enter the name of the organization and/or business entity next to the type of affiliation below. | |
| Recipient of honoraria, reimbursement for expenses, or other financial assistance for this program |  |
| Owner/Sole Proprietor |  |
| Employee/Consultant |  |
| Grant/Research Support |  |
| Speaker’s Bureau |  |
| Major Stock Shareholder |  |
| Royalties |  |
| Other Financial or Material Support |  |
| *By typing my name below, I am providing it to represent my electronic signature approving all the information entered in this Call for Programs Form. I further attest that all submitted information is accurate. I have identified all potential conflicts of interest and for those conflicts of interest that could bias my presentation, I agree to abide by the resolution of conflict as determined by the Program Coordinator.* | | | |
| **\* Signature:** |  | | |
| **\* Date:** |  | | |