**Poster Submission**

**2018 NECHA Annual Meeting  
November 7-9 · Portland, M**

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| **Poster Submission Worksheet** |

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| **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, MAY 4, 2018.** | | | | | | | | | | | | |
| **Poster Information** | | | | | | | | | | | | |
| **\* Poster Title:** | | | |  | | | | | | | | |
| \* Many posters are the result of professionals and students working together. **Was the work on this poster done primarily by:**  *(Note that your poster will be categorized this way for judging.)* | | | | \_\_\_ Students \_\_\_ Professionals | | | | | | | | |
| **\* Which category best describes your poster?**  Please elaborate in the abstract section below. | | | | \_\_\_ Research \_\_\_ Practice/Programmatic | | | | | | | | |
| **\* Does your poster contain or report original research?** If yes, please specify in the abstract below. | | | | \_\_\_ Yes \_\_\_ No | | | | | | | | |
| **\* Abstract:** Provide a short (75 words), descriptive abstract of your poster. Please be concise and clear with your description. | | | |  | | | | | | | | |
| **\* Purpos**e: “The purpose of this poster is to enable the learner to . . . .” | | | |  | | | | | | | | |
| **List any evidence-based references used to develop this poster** (please cite specific data, journal articles, official standards or recommendations, etc.) | | | |  | | | | | | | | |
| **Does your poster address diversity?** If so, describe how it addresses diversity based on the following aspects: 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. *(Not a prerequisite for selection.)* | | | |  | | | | | | | | |
| **\* Audience:**  Who is the expected learner for your poster?  *Select all that apply.* | | | | \_\_ Administrator | | | | \_\_ Health Information Management Professional | | | | \_\_ Physician |
| \_\_ Advanced Practice Clinician | | | | \_\_ Mental Health Professional | | | | \_\_ Psychiatrist |
| \_\_ Dietitian/Nutritionist | | | | \_\_ Nurse | | | | \_\_ Student |
| \_\_ Health Educator | | | | \_\_ Pharmacist | | | | \_\_ Other: |
| **Learning Objectives and Content** | | | | | | | | | | | | |
| ***Important: Refer to the*** [***Instructions for Writing Learning Objectives and Content***](http://nechaonline.org/2018-annual-meeting/1197-2/) ***before completing this section.***  Each **Learning Objective** should complete the phrase, "After viewing this poster, attendees should be able to..."  Begin each objective with **one** of the following **measurable verbs**: Describe, Explain, Identify, Discuss, Compare, Define, Differentiate, List.  End each sentence with a period.  Make a separate objective for each action. 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** **isthe information needed to meet each learning objective**.  ***Objective:*** *Define sleep deprivation.*  ***Content:*** *degrees of sleep, quantity of sleep, quality of sleep, circadian factors* | | | | | | | | | | | | |
| **Learning Objectives (Maximum:** 3 learning objectives.)  ***After viewing this poster, attendees should be able to:*** | | | | | **Content**  List specifics that will be covered under each objective. | | | | | | | |
| **1.** | | | | |  | | | | | | | |
| **2.** | | | | |  | | | | | | | |
| **3.** | | | | |  | | | | | | | |
| **Primary Poster Presenter Bio and Disclosure Form** | | | | | | | | | | | | |
| The primary poster presenter is the main contact person for this proposal. It is the primary presenter's responsibility to ensure that the information submitted for the poster and for all co-presenters is complete and accurate. Presenter Information is required for each presenter and co-presenter. If a presenter is submitting more than one poster, this information must be submitted for each poster. | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | |
| **List your completed academic degree(s), institution where the degree was earned, and major or specialty area.** *(e.g., PhD, ABC University, clinical psychology)* | | **Degree** | **Institution** | | | | | | **Major or Specialty Area** | | | |
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| **List any current certifications:** *(e.g., CHES, APN, LPC)* | |  | | | | | | | | | | |
| **Institution/Employer:** | |  | | | | | **Address:** | |  | | | |
| **Job Title:** | |  | | | | | **City/State/Zip:** | |  | | | |
| **Phone:** | |  | | | | | **Email:** | |  | | | |
| **List your publications that are most relevant to the proposed topic** (up to 10). | |  | | | | | | | | | | |
| **\* I intend to register for the ACHA Annual Meeting as a:** | | \_\_\_ Regular Attendee (non-student)  \_\_\_ Student Attendee  \_\_\_ I do not plan on attending the meeting *(ACHA will contact you prior to the meeting to get contact information for the co-presenter who will be registering and is responsible for your poster display)* | | | | | | | | | | |
| Conflict of Interest (COI) Disclosure | | | | | | | | | | | | |
| ACHA is obligated to the organizations that grant us CE accreditation/approval to ensure that all educational activities are developed and presented with independence, objectivity, and scientific rigor. It is our responsibility to ensure that they are free from promotion of specific goods or services, and that they are free from actual or potential bias.  **\_\_ I have read, fully understand, and agree to adhere to the** [**Conflict of Interest Disclosure Guidelines**](http://nechaonline.org/2018-annual-meeting/conflict-of-interest-disclosure-guidelines/)**.** | | | | | | | | | | | | |
| **Required Disclosure:**  During the past 12 months have you, or your spouse or partner had a financial, professional or personal relationship (including self-employment and sole proprietorship) **with a commercial interest (**as defined in the [Conflict of Interest Disclosure Guidelines](http://nechaonline.org/2018-annual-meeting/conflict-of-interest-disclosure-guidelines/)).    \_\_\_ Yes, myself \_\_\_ Yes, my spouse/partner \_\_\_ No  If yes, list company (s) with relationship: | | | | | | | | | | | | |
| Name of Commercial Company | | | | | | Relationship | | | | | | |
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| **Electronic Signature**  By typing my name below, I am providing my electronic signature indicating that all the information entered in this Poster Submission Form is accurate. I further attest that I will not promote any products, goods, or services, or bias the educational activity in any manner. | | | | | | | | | | | | |
| **Sign:** |  | | | | | | | | | **Date:** |  | |

(Electronic/typed signatures are acceptable.)