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| **Program Submission Worksheet** | | | | | | | | | | | | | | |
| **The deadline for program submissions is *April 15, 2020*.**  **To submit a proposal:**   1. Compile your program information and primary presenter bio and disclosure in this worksheet. *You will cut and paste this information to the online form in step 2.* Required fields are indicated by an asterisk “\*”. Retain this worksheet and your co-presenter forms for future reference. 2. Once you are sure all information is complete and can be entered online **in one sitting**, cut and paste the information from this worksheet into the Online Program Submission Form. This form is on the Annual Meeting page of the NECHA website ([www.nechaonline.org](http://www.nechaonline.org)).    * When completing the online form, you will be asked to attach this Program Submission Worksheet and the Bio/Disclosure forms for your co-presenters in Word format. 3. If you have co-presenters (in addition to you), forward them the Co-Presenter Bio/Disclosure Form to complete and return to you in Word format. As the primary presenter, you will submit the Co-Presenter forms when you complete the online Program Submission Worksheet. | | | | | | | | | | | | | | |
| **Program Information** | | | | | | | | | | | | | | |
| **\* 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. | | | | |  | | | | | | | | | |
| **\* Co-Presenters:** If you will have 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. | | | | | □ No co-presenters  □ Co-presenters: List names here. | | | | | | | | | |
| **\* 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. | | | | |  | | | | | | | | | |
| **\* 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% | | | | | | | | | |
| **Does your program 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. *(NOTE: Not a prerequisite for program selection.)* | | | | | \_\_\_No \_\_\_Yes. Specify how the program will address diversity. | | | | | | | | | |
| **\* 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 | | | \_\_ Health Information Management Prof. | | | | | \_\_ Physician | |
| \_\_ Advanced Practice Clinician | | | \_\_ Mental Health Professional | | | | | \_\_ Psychiatrist | |
| \_\_ Dietitian/ Nutritionist | | | \_\_ Nurse | | | | | \_\_ Student | |
| \_\_ Health Educator | | | \_\_ Pharmacist | | | | | \_\_ Other: | |
| **Practice Gap**  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, there is a professional practice gap. The goal of a strong educational session is to **change participants’ knowledge, skill, or performance in an effort to eliminate the practice gap** – ultimately making a positive change in student health outcomes. With this in mind, complete the following questions so that program planners have a clear understanding of how the information presented in your session will change participants’ knowledge, skills, or performance. | | | | | | | | | | | | | | |
| \* **Practice Gap:** Briefly describe the practice gap related to your session topic. | | | | |  | | | | | | | | | |
| \* **Type of Gap:** Based on the description of the practice gap above, this presentation will address a gap in: | | | | | \_\_\_ **Knowledge –** Participants do not know what they need to do.  \_\_\_ **Skill** – Participants know what to do but lack the tools or strategies to implement it.  \_\_\_ **Both** | | | | | | | | | |
| **\* Description of current state** *(e.g.,* Participants do not have the information and/or skills they need to advocate for a tobacco-free campus.) | | | | |  | | | | | | | | | |
| **\* Description of desired/achievable state** (*e.g.,* Participants will have the information and/or skills needed to advocate for a tobacco-free campus.) | | | | |  | | | | | | | | | |
| **\* Learning Outcome.** Describe what the learner will be able to do as a result of participating in the educational session.  *(e.g.,*The purpose of this activity is to enable the learner to explain the steps a campus needs to take to become tobacco-free.*)* | | | | |  | | | | | | | | | |
| **Learning Objectives and Content**  **INSTRUCTIONS**  Please read the instructions below before writing your learning objectives**.**  For more information about completing this section, [click here](https://www.acha.org/ACHA/General/Writing_Objectives.aspx). | | | | | | | | | | | | | | |
| **Learning Objectives:** Each **Learning Objective** should complete the phrase, "After this session, attendees should be able to..." 2-3 learning objectives are recommended for a 60-90-minute session. If the presentation will address mental health issues, please reflect this in the objectives.   1. **Begin each objective with** **one** **of these** **measurable verbs:**   Describe • Recite • Explain • Identify • Discuss • Compare • Contrast • Define • Differentiate • List • Outline   1. **Make a separate objective for each action.** **End each objective with a period.**   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:** This is the information that will be presented to meet each learning objective.    EXAMPLE: Two speakers – L. Smith and J. Brown  **Learning Objective:** *Define sleep deprivation.*  **Content:** *degrees of sleep (L. Smith), quantity of sleep (L. Smith), quality of sleep (J. Brown), circadian factors (L. Smith & J. Brown)* Quality of Content: Content must  * Be in the form of a brief list, separated by commas. * Be congruent with purpose and objectives. * Include details beyond a restatement of objectives. * Reflect the intent of the objectives. * Be evidence-based or based on the best available evidence.   You are asked to list references used to develop this presentation. Please provide complete information for these sources so that program planners can easily access the information.  **% OF TIME FOR EACH OBJECTIVE:** Concurrent session workshops are 90 minutes in length. Indicate approximate percentage of time 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…** | | | | | | | | | | | | | | |
| **\* Learning Objective**  2-3 learning objectives are recommended for a 60-90-minute session.  **For each objective, finish this statement:**  *After this session, attendees should be able to:* | | | **\* Content**  List specifics that will be covered under each objective. Content must:   * Be in the form of a brief list, separated by commas. * Be congruent with purpose and objectives. * Include details beyond a restatement of objectives. * Reflect the intent of the objectives. * Be evidence-based or based on the best available evidence. | | | | **\* % of time for each objective**  (i.e., 25%, 30%, 50%)  Base the % on a 90 minute presentation. | | | | **\* Presenter(s)**  List all presenters who may contribute to this objective. | | | **\* Learning Method**  (i.e., lecture and Q&A, group discussion, role play) |
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| **Content can be based on: (For examples of appropriate and inappropriate references,** [**click here**](https://www.acha.org/ACHA/General/Writing_Objectives.aspx)**.)**   * Information available from organizations’ website(s) (organization must use current available evidence; may be published or unpublished content; examples: Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, National Institutes of Health) * Peer-reviewed journal(s)/resource(s) * Clinical guidelines, public health practice guidelines (example: guidelines.gov) * Expert resource(s) (example: individual or educational institution’s book, article, website) * Textbooks * Best practices or new and emerging issues   **If applicable:** Provide specific website address, journal volume number, etc., so that the data can be easily accessed by program planners. | | | | | | | | | | | | | | |
| **\* Content for this educational activity was based on:** (List any evidence-based references used to develop this presentation. Cite specific data, journal articles, official standards or recommenda­tions, etc.) | | | | | | | | | | | | | | |
| **Primary Presenter Bio and Disclosure Form**  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.  . All disclosures that are determined by the ACHA/NECHA Program Planning Committee to be relevant relationships will be shared with the participants/learners in meeting materials and prior to the start of the educational activity. | | | | | | | | | | | | | | |
| **\* TITLE OF THE PROGRAM:**  (match the title on Part 1) | | | | | | | | | | | | | | |
| **\* Name of Primary Presenter:** | |  | | | | | | | | | | | | |
| **\* Degree:** 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** | | | | | |
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| **\* Job Title:** | |  | | | | | | | \* **City/State/Zip Code** | | | | | |
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| **\* E-mail Address:** | |  | | | | | | | \* **Telephone** | | | | | |
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| **\* Publications:** List your publications that are most relevant to the proposed topic(up to 10). | |  | | | | | | | | | | | | |
| **Biographical Qualification Statement:** Bio statement must state content expertise. Please submit your biographical qualification statement below. Also include any relevant academic appointments, involvement in professional organizations, and/or awards/honors received. Limit 75 words.  *Example:* I have been the principal or co-principal of multiple federally funded grants focusing on the epidemiology of drug abuse, HIV prevention and co-occurring mental and drug use disorders. Among my scientific interests has been the development of strategies for preventing HIV and STDs in out-of-treatment drug users.  \* I am qualified to give this specific presentation because… | | | | | | | | | | | | | | |
| **Primary Presenter Conflict of Interest (COI) Disclosure**  ACHA/NECHA 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.  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.   |  |  |  | | --- | --- | --- | | **\*** |  | **I have read, fully understand, and agree to adhere to the** [**Conflict of Interest Disclosure Guidelines**](http://www.acha.org/ACHA/General/COI_Guidelines.aspx)**.** | | | | | | | | | | | | | | | |
| **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://www.acha.org/ACHA/General/COI_Guidelines.aspx)).     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes, myself |  | Yes, my spouse/partner |  | No |   **\*** **If yes, list the full company name and the specific relationship:** | | | | | | | | | | | | | | |
| **Name of Commercial Company** | | | | | | **Your Relationship** | | | | | | | | |
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| **Content Related to Company**  Will your presentation contain information about healthcare products or services of the commercial interests you identified above? | | | | | | \_\_\_ Yes (the planning committee will contact you regarding your conflict of interest)  \_\_\_ No  \_\_\_ N/A, no commercial interest identified above | | | | | | | | |
| **Off-Label Use of Drugs**  Will your presentation include discussion of off-label experimental, and/or investigational use of drugs, devices, medical procedures, or interventions? | | | | | | \_\_\_ Yes  \_\_\_ No  If yes, please list drugs, devices, and/or procedures to be discussed: | | | | | | | | |
| **Electronic Signature:** By typing my name below, I am providing my electronic signature indicating that all the information entered in this Program 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. | | | | | | | | | | | | | | |
| **\* Signature** |  | | | | | | | | | **\* Date** | |  | | |

(Electronic/typed signatures are acceptable.)