

Call for Presentations

30th Annual Arkansas Aging Conference

Complete and return by June 11, 2010



Name of presenter(s) _____

Address _____

Phone _____ E-Mail _____

Check the aspect that best fits your presentation:

- | | |
|--|--|
| <input type="checkbox"/> Baby Boomers | <input type="checkbox"/> Geriatric Therapy Services |
| <input type="checkbox"/> Civic Engagement (Volunteers) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Consumer issues | <input type="checkbox"/> Nutrition, wellness, & successful aging |
| <input type="checkbox"/> Critical issues in aging/advocacy | <input type="checkbox"/> Senior center issues & programming |
| <input type="checkbox"/> Family and caregiver issues & support | <input type="checkbox"/> Serving diverse populations |
| <input type="checkbox"/> Geriatric Nursing | <input type="checkbox"/> Social Work/Case Management |
| <input type="checkbox"/> Other | |

Presentation format: *Check one.*

- Workshop, 60 minutes Workshop, 90 minutes

Presentation Title: _____

Goal:

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Brief Summary:

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As a result of participation in this workshop, attendees will be able to:

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- An ArNA Biographical Data Form is attached for each presenter (*mandatory*).

Audio-Visual equipment (no charge) *Check each item you need.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Audiocassette/CD player | <input type="checkbox"/> LCD Projector | <input type="checkbox"/> DVD player & monitor |
| <input type="checkbox"/> Easel & Flip Chart | <input type="checkbox"/> Podium microphone | <input type="checkbox"/> Lavalier microphone |
| <input type="checkbox"/> Other | <input type="checkbox"/> None | |
| <input type="checkbox"/> Describe Other _____ | | |

***Note: Any change to audio/visual equipment needs after October 1, 2010 will be at the presenter's expense. Please, please, please plan ahead. It's extremely difficult to accommodate last-minute changes.**

Rooms will have classroom seating, head table, and podium. Describe your needs if you require a different room arrangement for your presentation.

Return as an email attachment to
connie.parker@arkansas.gov

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ARKANSAS NURSES ASSOCIATION
BIOGRAPHICAL DATA FORM

Must be printed or typed.

Name: _____
(Name, Degrees, Credentials)

Home OR Business Address _____
(Number and Street)

City _____ State _____ Zip _____

Day Phone _____ Ext _____ E-Mail _____

Present Position (Title & Employer) _____

Role: Planning Committee Faculty Content Specialist

Describe your expertise related to your role in the educational activity:

VESTED INTERESTS

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity. (If the applicant already has special forms to identify this, it does not need to be repeated on the bio form. Include the applicant's copy of the completed forms declaring vested interest.)

I recognize that I must follow all guidelines and criteria regarding vested interest. Any real or perceived conflict of interest for a conference participant must be disclosed. For this purpose a real or apparent conflict of interest is defined as having a significant financial interest in a product to be discussed directly or indirectly during the presentation; being or having been an employee of a company with such financial interest and/or having had substantial research support by an industry to study the product to be discussed at the presentation.

- I have no real or perceived conflicts of interest that relate to this presentation.
- I have the following real or perceived conflicts of interest that relate to this presentation:

-
-
-
-

OFF-LABEL USE

Content: will will not include the discussion of an off-label use of a commercial product. If off-label use of a commercial product is included, I agree to inform learners of such.

Signed: _____ Date: _____



PROVIDER-DIRECTED ACTIVITY EDUCATION DESIGN

Objectives	Content (Topics)	Time Frame	Presenter	Methods
List learner objectives in behavioral terms.	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	List the time frame for each objective.	List the Faculty for each objective.	Describe the teaching methods, strategies, materials, and resources for each objective.
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5