

A close-up photograph of a green caterpillar chrysalis hanging from a green leaf. The chrysalis is translucent with yellowish-green stripes and is attached to the leaf by a small black silk-like structure. The background is black.

# Seasons of Change

Oklahoma Hospice & Palliative Care  
Association's

**2009 Annual Conference**

October 20 & 21, 2009  
Marriott Tulsa Southern Hills

**Call for Presentations**



**Seasons of Change**  
2009 Annual Conference  
October 20-21, 2009  
Marriott Tulsa Southern Hills, Tulsa, OK

## **Call for Presentations**

**The Oklahoma Hospice and Palliative Care Association (OHPCA) invites those interested in contributing to the future of hospice and palliative care to submit proposals for presentations for the 2009 Annual Conference scheduled for October 20-21, 2009, at the Marriott Tulsa Southern Hills in Tulsa, OK.**

### **Conference Information**

In light of this ever changing world and working in the healthcare industry which is constantly facing changes, our theme for this year's conference is appropriately entitled, "Seasons of Change." The conference is a full two days of educational sessions touching all disciplines. The conference will be held at the Marriott Tulsa Southern Hills in beautiful Tulsa, OK.

### **Details**

The OHPCA Annual Conference Speakers Committee is seeking proposals for concurrent sessions that will be 60 minutes in length and focus on innovative approaches to hospice and palliative care. Time should be included within the 60 minutes for questions and answers when designing your presentation.

If your presentation is selected:

- You contribute to the advancement of your profession;
- You gain visibility and recognition as a leader;
- Presenters receive complimentary 2009 Annual Conference registration fees for the day of their presentation. (Full registration fees apply for the additional day of attendance.)

### **The Evaluation Process**

All proposals received will be reviewed by OHPCA's Speaker Committee/CME Task force. All proposals will be evaluated by the following guidelines:

- Practical application of material;
- Relevance to hospice/palliative care;
- Timely or innovative topic;
- Clearly identified objectives;
- Overall quality and well-defined focus;
- Teaching/speaking experience of presenter;
- Presentation level;
- Freedom from commercial bias.

Materials that are not complete and do not follow the guidelines outlined in this document will not be reviewed.

The review and finalization process is stringent and time consuming, therefore OHPCA appreciates your patience in waiting for notification. All notifications will be sent out no later than July 17th.

You may also submit your proposal via our website: [www.okhospice.org](http://www.okhospice.org).

**Submission Deadline: July 1**

**Your Application Submission Must Include ALL of the Following:**

Proposals must be submitted according to the format outlined below. Please send **typed or clearly printed copies** of the following items to the address, fax number or e-mail address listed on the Presentation Proposal Application.

- Presentation Proposal Application** (please type or print in black ink) completed in full.
- A minimum 250 word abstract outline of the presentation**, including how the session will meet the objectives, content outline, and time allocation.
- A resume/curriculum vitae for each presenter or panelist** (*Required* for OHPCA's application for CEUs). The following must be included: job title & description, educational background (with dates), and previous presentations and/or publications. The listing of previous presentations and/or publications should include the title of the presentation, date of presentation, and the name of the conference or forum.
- A summary bio** of 150 words or less (for the brochure). A one paragraph of up to 150 words for each presenter that will be used for continuing education submissions and introductions. The bio must include education and current job/experience information. Please note this does not substitute for your resume.
- Educational objectives** of the workshop. Complete the following sentence, listing three to five educational objectives. "At the completion of this sessions, participants will be able to..."
- Conflict of Interest Disclosure Form**. Signed and dated by each presenter/panelist.
- Biographical Data Form**. completed by each presenter/panelist.
- Submission format**: Proposals may be sent via either U.S. Mail, on-line via the OHPCA website: [www.okhospice.org](http://www.okhospice.org), electronic mail in Microsoft Word, Excel, or Power Point Format; or as a PDF file. **Faxed, incomplete or late proposals will not be accepted.**

**Mail or Email your Submissions to:**

OHPCA  
2009 Annual Conference Call for Presentations  
755 W Covell Rd., Ste 100  
Edmond, OK 73003  
e-mail: [info@okhospice.org](mailto:info@okhospice.org)

**OKLAHOMA HOSPICE AND PALLIATIVE CARE ASSOCIATION  
2009 ANNUAL CONFERENCE**

**PRESENTATION PROPOSAL APPLICATION**

**Name of Primary Presenter:** \_\_\_\_\_  
(Please write name, title and degree as you want them to appear in print)

**Degree (s):** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ (Work) \_\_\_\_\_ (Home)

**Fax:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Additional Presenters-** List Names below. Please attach biographical information for each additional presenter using the same format as above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Title of Presentation:** \_\_\_\_\_  
(10 words or less)

**Description of Presentation for Conference Brochure**  
25 words or less

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Difficulty Level of Presentation (choose only one):**  
 Basic       Intermediate       Advanced

**Target Audience: (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Nurses         | <input type="checkbox"/> Administrators                   |
| <input type="checkbox"/> Physicians     | <input type="checkbox"/> Home Health Aides                |
| <input type="checkbox"/> Chaplains      | <input type="checkbox"/> Office/Clerical                  |
| <input type="checkbox"/> Social Workers | <input type="checkbox"/> Volunteer Coordinator/Volunteers |
| <input type="checkbox"/> Counselors     | <input type="checkbox"/> Other (please specify) _____     |
| <input type="checkbox"/> Bereavement    | <input type="checkbox"/> All                              |

**Audio/Visual Requirements: Please enter your requirements – equipment must be reserved well in advance.** A standing lectern and lavalier microphone will be provided in each room. Groups of 3 or more panelists will have a head table with shared tabletop microphones. Please indicate needs for additional audiovisual equipment. Request only the equipment you know you will require for your presentation.

- LCD Projector & Screen (**Faculty MUST provide own laptop computer**)
- Flip chart w/markers
- Overhead Projector & Screen
- Slide Projector & Screen
- VCR/TV
- Other (Please specify) \_\_\_\_\_

**Attach:**

- Abstract-minimum 250 word outlining presentation**
- Resume/curriculum vitae for each presenter/panelist**
- Summary bio for brochure (150 words or less)**
- Biographical information for each additional presenter**
- Educational objectives of the workshop**
- Completed Conflict of Interest Disclosure Form for all presenters/panelist**
- Completed Biographical Data Form**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail, or e-mail this application and all other requested materials to:**

**OHPCA**  
**2009 Annual Conference Call for Presentations**  
**755 West Covell, Suite 100**  
**Edmond, OK, 73003**  
**Phone: 405-606-4442**  
**e-mail: [info@okhospice.org](mailto:info@okhospice.org)**

**Please do not fax submissions. They do not reproduce well.**

**Submission Deadline: July 1**

## Conflict of Interest Disclosure Form for CNE Activities

### Faculty, Planner and Content Specialist Conflict of Interest Information

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 and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor of all programs, the faculty and planners must make full disclosure indicating whether the faculty, planner or content specialist and/or his/her immediate family members have any relationship with sources of commercial support, e.g. pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All faculty, planners and content specialists participating in CE activities must disclose to the audience any

- A) Relationship with companies who manufacture products used in the treatment of the subjects under discussion.
- B) Relationship between the planner, faculty or content specialist and commercial supporter(s) of the activity and/or
- C) Intent to discuss unlabeled uses of a commercial product, or an investigational use of a product not yet approved for the purpose.

All information disclosed will be shared with the audience either on program handouts, advertising and/or audiovisual presentation.

Please check A or B

- A.  **Neither I nor my immediate family members** have any affiliations or financial interests in any of the corporate organizations involved with commercial products to which my presentation may refer or with any of the corporate organizations offering financial support for this CNE activity.
- B.  **I or my immediate family members do have** an affiliation or financial interest with one or more corporate organizations involved with commercial products to which my presentation may refer or with corporate organizations offering financial support for this CNE activity as follows:

**1. Affiliation/Financial Interest      Who      Name of Corporate Organization(s)**

Grant/Research Support	_____
Consultant	_____
Speaker's Bureau	_____
Shareholder	_____
Large Gifts	_____
Other Support	_____

*If yes, describe how the conflict of interest will be resolved?*

- 1. Have discussed this conflict with individual who is now aware of and agrees to our policy.
- 2. Presenter has signed a statement that says s/he will present information fairly and without bias.
- 3. RN with minimum of BSN or designee will monitor session to ensure conflict does not arise.
- 4. Not applicable since no conflict of interest.
- 5. Other: Describe: \_\_\_\_\_

**2. Is off label use of a drug or product addressed in this presentation**  YES  NO

*If yes, describe how it will be disclosed.* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By checking here, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above.)

## Biographical Data Form and Conflict of Interest Disclosure

NAME &

DEGREES \_\_\_\_\_

PREFERRED \_\_\_\_\_

ADDRESS \_\_\_\_\_

(CITY, STATE, ZIP CODE) \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

PRESENT \_\_\_\_\_

POSITION \_\_\_\_\_

EMPLOYER, TITLE &

DESCRIPTION \_\_\_\_\_

### EDUCATION - PLEASE INCLUDE BASIC PREPARATION THROUGH HIGHEST DEGREE HELD

	Degree Major Area of Study	Year Degree Awarded	Institution Awarded (Name, City, State)
1.			
2.			
3.			

Please use the space below to briefly describe your professional experience or areas of expertise which contribute to your particular involvement or interest in this activity.