

Southwest Regional NP Conference: Call for posters July 30-31, 2011 High Country Conference Center Flagstaff, AZ

The Southwest Regional NP Conference is an educational meeting and exposition for nurse practitioners across the continuum of health care. We are soliciting poster presentations for the 2011 conference at the High Country Conference Center in Flagstaff, Arizona.

Following are poster proposal guidelines and information.

Subject Matter

Posters are to address evidence based practice projects or proposed or completed research of interest to nurse practitioners in various specialty areas and practice settings. (Principal investigators or project coordinators must be a nurse practitioner)

General Poster Proposal Information/Guidelines

- Each proposal is peer-reviewed by a member of the Conference Committee.
- The audience will include approximately 150 NPs and exhibiting company representatives.
- Poster presenters who are selected for presentation must register for the conference and make their own travel and hotel arrangements.
- ANPC will provide each presenter with a wall space or an easel for display. Presenters must provide their own tack pins for posting. No tables will be supplied (or allowed) due to space confinements.
- Posters will be displayed during all exhibit hall hours.
- Posters will be judged during the conference by attendees – the top three poster presenters will receive waived conference fees for 2012 Southwest Regional NP Conference.
- Teardown of posters is July 30 after 5:30pm or July 31 by noon. (Please be sure to remove your poster prior to conference end on Sunday. ANPC is not responsible for lost or damaged materials and will not take responsibility for posting, tearing down, or shipping your materials.)

Poster Abstract Submission Instructions 2011

Poster Proposal Format Requirements

Submit a proposal *via email* (Microsoft Word file required – see page 3 for Presenter documentation form) to angela.golden@nau.edu

Proposals must include the following:

- Poster title
- Author/presenter name(s), institution represented, address, phone number. Please indicate who will serve as the primary contact (we will contact that person only).
- 2-3 behavioral objectives
- Abstract (250 word-limit includes abstract only)—
 - *Evidence-based practice projects* – include title, clinical problem, level of evidence used to propose change, implementation and evaluation of change. If project at planning stage, specify proposed implementation and evaluation process.
 - *Proposed research* - include title, problem, background, research question or hypothesis, theoretical framework and methods.
 - *Completed research* - include title, problem, background, research question or hypothesis, theoretical framework, methods, results and conclusions.
- Abstracts will only be accepted electronically. Submit your abstract via e-mail to angela.golden@nau.edu in a Microsoft Word format using the following forms, please assure your submission file name begins with your last name (i.e. golden_healthpolicy.doc).

Deadline: All submissions must be emailed by **May 1, 2011**.

Notification: Abstract submissions will be reviewed our planning committee. You will receive notification of acceptance or rejection via e-mail by May 21, 2011.

*Include the Biographical Data Form (one for each poster presenter), located on page 2
Abstract Form, located on page 3.*

Biographical Data Form (Bio Form)

Activity Title _____

Live Activity Date _____

Start Date for Enduring Materials/Web-Based Activity _____

My role in this continuing education activity is as a (check all that apply):			
<input type="checkbox"/> Nurse Planner	<input type="checkbox"/> Content Expert	<input type="checkbox"/> Member of the Target Audience	
<input type="checkbox"/> Faculty/Presenter	<input type="checkbox"/> Reviewer	<input type="checkbox"/> Other (describe): _____	
Name, Degrees & Credentials:			
If an RN, Nursing Degree(s): AD, Diploma, BSN, Masters, Doctorate			
Home Address or Business Address			
City, State and Zip Code			
Day Telephone:		Fax Number:	
Email Address:			
Present Position (Title) & Employer:			
Describe professional experience or areas of expertise, which contribute to involvement. This might include your educational background, publications or experience. <u>Please do not attach resumes or CVs.</u>			
<ul style="list-style-type: none"> ● <u>NOTE: IF you are the nurse planner, you must provide information about your expertise/education in adult education or adult learning.</u> 			

Conflict of Interest Disclosure Statement

**** Note: An alternate organization's COI disclosure statement may be used (such as a CME) provided it meets the following determination requirements. ****

Determination of Conflict of Interest: The following set of questions is intended to help you determine if you have a potential conflict of interest that must be disclosed. Relevant relationships must be disclosed to learners during the time when the relationship is in effect and **for 12 months thereafter.**

After reflection on the following set of questions, complete the conflict of interest disclosure statement and sign below.

1. Do you, or any of your immediate family members, have a financial relationship with in which you receive salary, royalty, consulting fees, honoraria, ownership interests or other financial benefits from an organization involved with this activity?
2. Have you, or any of your immediate family members, created a product (book, medical device, etc.) that is being sold or promoted at this activity?
3. Are you, or any of your immediate family members, a member of an administrative body (e.g. Board of Directors, Advisory Panels), which has a financial interest in the topics or other organizations associated with this activity?
4. Will you promote services or educational programs with which you are associated?

Circumstances create a conflict of interest when an individual has an opportunity to affect CE content (either through planning, presenting or reviewing) about products or services of a commercial interest with which he/she has a financial relationship.

DISCLOSURE OF CONFLICT OF INTEREST

Do you have an actual or perceived conflict of interest for yourself or your spouse/partner?		Yes	_____	No	_____
If yes, describe potential conflict(s) of interest below:					
(Check all that apply)	Category	Description			
	Salary				
	Honorarium				
	Royalty				
	Stock				
	Speaker's Bureau				
	Consultant				
	Other				
How will this potential conflict(s) of interest be resolved? (Check and item below) (All conflicts of interest MUST be resolved PRIOR TO the implementation of the activity.)					
Check all that apply	Description				
	I have discussed this conflict with the Nurse Planner or designee and I am now aware of and agree to the organization's Conflict of Interest policy.				
	I have signed a statement that says I will present information fairly and without bias.				
	In conjunction with the above, the Nurse Planner or designee will monitor the session/content to ensure no conflict of interest arises.				
	Other (describe):				
Will you be discussing any off label uses of therapeutic intervention?		Yes	_____	No	_____
If yes, how will you disclose this information? (Ex. Information provided in hardcopy, electronic media, or other means)		_____			

_____	By checking this box, I am providing my electronic signature affirming that all the information entered above is accurate and complete. I have identified and resolved in writing all potential conflicts of interests. As a planning committee member or presenter, I am resolving my conflict of interest by agreeing that I will not allow any conflict of interest or commercial support to bias my participation in this activity. I am also attesting to the accuracy of the information provided above.
_____	Date

NURSE PLANNER SIGNATURE

_____	By checking this box, I am providing my electronic signature affirming that all the information entered above is accurate and complete. I have identified and resolved in writing all potential conflicts of interests. As a planning committee member or presenter, I am resolving my conflict of interest by agreeing that I will not allow any conflict of interest or commercial support to bias my participation in this activity. I am also attesting to the accuracy of the information provided above.
_____	Date

Poster Abstract: Speaker Documentation Form

Title of Poster :

Author/presenter name(s):

Institution represented:

Address:

Phone number:

Please indicate who will serve as the primary contact (we will contact that person only, but all must be listed).

Outcome guidelines: Write two or three objectives/outcomes for the poster presentation. Objectives must be written with measurable verbs (i.e. describe, list, discuss, list...etc.) **Do not use the verbs “understand”, “learn” or other verbs that can not be measured.** Write one to two sentences describing the content for each objective. Do not restate the objective.

Objectives/Outcomes	Content

Abstract (250 word-limit includes abstract only)--statement of the problem, rationale, methodology, results, and conclusion.