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Description automatically generated**

**ASPHP Webinar Abstract Submission**

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| **\*PRESENTER** | | |  | | | | | | | | | | | |
| (Please provide your full name with credentials that you prefer to show on our publications.) | | | | | | | | | | | | | | |
| License Type and Expiration Date: | | | | | | | | |  | | | | | |
| State of Issuance/Certifying Body: | | | | | | | | |  | | | | | |
| License/Certification Number (if applicable): | | | | | | | | |  | | | | | |
| **\*BIO**  (Please provide a brief bio, not CV,) | |  | | | | | | | | | | | | |
| **\*ADDRESS** | |  | | | | | | | | | | | | |
| **\*CITY, STATE & ZIP** | | | |  | | | | | | | | | | |
| **\*PHONE** |  | | | | | | **\*EMAIL** | | | |  | | | |
| **\*CURRENT POSITION & EMPLOYER** | | | | | | | |  | | | | | | |
| **EDUCATION:** | | | | | | | | | | | | | | |
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| CLINICAL/WORK EXPERIENCE RELATED TO THE COURSE | | | | | | | | | | | | | | |
| **Job Title/Position** | | | | | | **Company Name Location (City, State)** | | | | | | **Clinical Area** | | **From Mo/Yr**  **To Mo/Yr** |
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| **TEACHING EXPERIENCE:** | | | | | | | | | | | | | | |
| **Title of Course** | | | | | **Description** | | | | | **Location** | | | **Month/Year** | |
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**WEBINAR INFORMATION**

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| **\*PRESENTATION TITLE** | | | |
|  | | | |
| **\*PRESENTATION DESCRIPTION** Describe your presentation and specify expected learning outcomes for attendees. Maximum length is 600 words. | | | |
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| **\*LEARNING OUTCOME:** *(What will the outcome be as a result of learner participation in this activity*) | | | |
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| **\*DESCRIPTION OF CURRENT STATE:** | | | |
|  | | | |
| **\*DESCRIPTION OF DESIRED ACHIEVABLE STATE:** | | | |
|  | | | |
| **\*Identify at least three OBJECTIVES for the proposed presentation.** | | **\*PROVIDE AN OUTLINE of the content for each objective. It must be more than a restatement of the objective.** | |
| **1.** |  | |  |
| **2.** |  | |  |
| **3.** |  | |  |
| **4.** |  | |  |
| **5.** |  | |  |

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| **\*List the EVIDENCE-BASED REFERENCES used for developing this educational activity.**  *(References should be within five years of educational activity.)* | | | |
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| **\*How will you present your educational activity to address the GAP IN THE LEARNER'S NEEDS?**  **Check all apply.** | | | |
|  | **Knowledge** *(Learner satisfaction, knowledge enhancement, comprehension- lecture, discussion, PowerPoint, questions/answers)* | | |
|  | **Skills** *(skill change, application-return demonstration)* | | |
|  | **Practice** *(Change in practice, analysis, synthesis, evaluation-return demonstration, role play, test)* | | |
|  | **Other** | **Describe:** | |
| **Target Learner Level** | | | |
|  | **Beginner** | | **With limited or no knowledge of the subject area: New to the field, just learning or starting out; with little clinical or practical experience in the subject matter** |
|  | **Intermediate** | | **With basic knowledge of, and with some experience of subject matter; Some experience in applying knowledge in subject area** |
|  | **Advanced** | | **With moderate to extensive experience and knowledge in subject area; seeking to increase depth of knowledge** |
|  | **Multi-level** | |  |
| **Method of Attendee Engagement** | | | |
|  | **Polling** | |  |
|  | **Videos** | |  |
|  | **Other** | |  |

**\*\*SPEAKER AGREEMENT** – **please download and review the agreement before submitting your abstract.** [**Click here to download the agreement.**](https://asphp.org/wp-content/uploads/2019/07/ASPHP-speaker-agreement.pdf)

\*\*By submitting this oral abstract, I (We) hereby consent to the use of my (our) presentation and other materials as described and agree with the provisions of this agreement if my (our) abstract is accepted.

***Must complete all with “\*” and sign to be accepted for submission.***

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| --- | --- |
| *\*Lead Presenter’s electronic signature* |  |
| *\*Lead Presenter’s full name* |  |
| *\*Date:* |  |

*Execution of this agreement does not obligate ASPHP to publish your presentation or other materials.*