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**Abstract Submission**

**Deadline: Sep 18, 2023**

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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** |       |
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| **\*PHONE** |       | **\*EMAIL** |       |
| **\*CURRENT POSITION & EMPLOYER**  |       |
| **EDUCATION:** |
| **Institution** | **Program/Field of Study/Degree Earned** | **Date of Completion** |
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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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**PRESENTATION 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*) |
|       |
| **\*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.** |  |  |
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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** |  |

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| **Presentation Time Frame (Check all that apply.)** |
|[ ]  **Workshop (2 to 8 hours)** |  | **Hours** |
|[ ]  **General Session** |
|[ ]  **Breakout Session (45 minutes included Q&A)** |

**\*\*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.*

**Speakers Consideration: Speakers may receive a $200 discount on the main conference registration or free registration for the day of their presentation and one-night’s hotel stay, on the day of their presentation. Travel and meal expenses are the responsibility of the speakers. There is a maximum of 3 presenters per presentation permitted.**

Abstracts should be submitted to ASPHP National Headquarters via email at info@asphp.org by **Sep 18, 2023**