A logo for a conference

Description automatically generated2025 ASPHP National SPHM Conference

March 10 – 13, 2025

Atlanta, GA

Oral Abstract Submission

**Deadline: August 29, 2024**

**ABSTRACT INFORMATION**

If applicable, include all co-presenters on the submission form.

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| **1 - PRESENTATION TITLE** Title should be clear and concise and reflect presentation content. | |
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| **2 - PRESENTATION DESCRIPTION** Describe your presentation and specify the expected learning outcomes for attendees. This should be a well-organized summary which will be viewed by participants to determine the nature and purpose of the presentation.  Maximum length is 600 words. | |
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| **3 - LEARNING OBJECTIVES** Provide at least three objectives for the presentation. Start the learning objective with an action verb. Action verbs are, but not limited to: apply, describe, explain, identify, outline, and analyze. Refrain from using non-actionable verbs and phrases such as understand, recognize, and become familiar with. Learning objectives must be congruent with the purpose, session | |
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| **4 - List the EVIDENCE-BASED REFERENCES used for developing this educational activity.**  References must be within five years of educational activity. | | | | | | |
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| **5 - TEACHING METHODS** check all that apply. | | | | | | |
| Lecture/PowerPoint | | | | Discussion | Test | Demonstration |
| Integrating opportunities for dialogue or question/answer | | | | | Including time for self-check or reflection | |
| Providing opportunities for problem-based learning | | | | | Analyzing case studies | |
| Role Play | | | | | Other | |
| **6 - How will you present your educational activity to address the gap in the learner’s knowledge? 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:** | | | | |
| **7 - 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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| **8 - PRESENTATION TIME FRAME (Check all that apply.)** | | | |
|  | **Workshop (2 to 8 hours)** |  | **Hours** |
|  | **General Session** | | |
|  | **Breakout Session (45 minutes included Q&A)** | | |

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| **A logo for a company  Description automatically generatedLEAD PRESENTER** | | |  | | | | | | | | | | | |
| (Please provide your 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:** | | | | | | | | | | | | | | |
| **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/Year**  **To Mo/Year** |
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| **TEACHING EXPERIENCE:** | | | | | | | | | | | | | | |
| **Title of Course** | | | | | **Description** | | | | | **Location** | | | **Month/Year** | |
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| **CO-PRESENTER** | | |  | | | | | | | | | | | |
| (Please provide 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** | | | |  | | | | | | | | | | |
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| State of Issuance/Certifying Body: | | | | | | | | |  | | | | | |
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**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 the presentation and other materials as described and agree with the provisions of this agreement if the oral abstract is accepted.

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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.

Deadline: Abstracts must be submitted to ASPHP National Headquarters via email at [info@asphp.org](mailto:info@aohp.org) by **Aug 29, 2024.**