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# ASPHP ABSTRACT SUBMISSION

(*California Code of Regulations*, Title 16, Section 1456)

## Please Type or Print All Entries

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| **1. TITLE:** | **2. DATE(S) TO BE OFFERED:** |
| **3. OBJECTIVES (Behavioral Terminology):By the end of this webinar, attendees will be able to:**  **(Use words like describe, list, Identify, discuss, appraise, demonstrate, cite etc).** | |
| **4. OVERVIEW/DESCRIPTION:** | |
| **5. CONTENT (Outline Form) and at least 5 evidence-based references within the past 5 years.** | |
| **6. Target Learner Level: (Circle or highlight one).**  **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.  **Mult-Level:** Can apply to individuals with any knowledge/experience level. | |
| **7. TEACHING METHODS: (Include engagement strategies such as polling, Q&A etc).** | |
| **8. NUMBER OF CONTACT HOURS: \*** | |
| **9. METHOD OF EVALUATION WHEN REQUIRED:** | |
| **10. How will your educational activity address the GAP in the learner’s needs?**  **Check all that apply.** | |
| **\_\_\_** Knowledge (Learner satisfaction, knowledge enhancement, comprehension-lecture)  **\_\_\_** Skills (skill change, application-return demonstration)  \_\_\_ Practice (Change in practice, analysis, synthesis, evaluation-return demonstration, role play)  \_\_\_ Other Describe: | |
| **11. 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 fields with \*

Lead Presenter’s Electronic Signature\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Presenter’s Name:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# INSTRUCTOR INFORMATION

(*California Code of Regulations*, Title 16, Section 1457)

## Please Type or Print All Entries

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| **1. NAME with credentials:** | | | | | | | **2a. LICENSE NUMBER:** | | |
| 2b. Date of Expiration: | | |
| **1a. Email:** | | | **1b. Phone:** | | | | 2c. Type of License: | | |
| **3. BIO (Include current position and employer)** | | | | | | | | | |
| **4. EDUCATION:** | | | | | | | | | |
| College/University | Major | | | Degree | | Area of Preparation | | | Year Degree Granted |
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| **5. EXPERIENCE: (Start with most recent experience)** | | | | | | | | | |
| Agency | | Position | | | Clinical Area | | | From To  Mo/Yr Mo/Yr | |
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| **6. TEACHING EXPERIENCE:** | | | | | | | | | |
| Title of Course | | Description | | | Location | | | Month/Year | |
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| **7. Have you ever had a course in Principles of Adult Education?** Yes No  If yes, give dates: | | | | | | | | | |

**NOTE:** If course has more than one instructor, please copy this form, as a separate form is necessary for each instructor.

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| **8. Please circle the following items that best describe your webinar (Max of 3)** | | | |
| **Setting** | | | |
| Acute Care | Critical Care/ICU | Med Surg | Surgical/ OR/Periop |
| Diagnostic Imaging/ Radiology | Transport/Discharge | Long Term Care/ Skilled Nursing | Outpatient Rehab/ Rehab facilities |
| Home Health/ Informal Caregivers | Ambulatory Care/ Outpatient Care | Mental Health | EMS |
| Morgue/ Decedent Handling | Education | Primary Care | Other |
| Multiple Care Settings |  |  |  |
| **Patient Populations** | | | |
| Bariatrics/ Patients of Size | Geriatrics/ Aging | Neurologic/ Stroke | Pediatrics |
| Veteran | Adult | Behavioral Health | Other |
| Multiple |  |  |  |
| **Organizational Initiatives and Programs** | | | |
| SPHM Program Development/ Initiation | SPHM Program Management/ Sustainment | Program ROI/ Cost Avoidance | Mobilization/ Early Mobility |
| SPHM Education/ Training/ Curriculum | Certification | Patient Falls | Safety Culture/ Worker Protection |
| Pandemic Response | Patient Mobility Assessment | Equipment Selection/Evaluation | Injury Risk Assessment |

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