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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 ToMo/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 NoIf 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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