

**If interested in presenting at the 2008 Conference, please complete and return this document (including the three attached INA documents) electronically to ISAPN ([info@isapn.org](mailto:info@isapn.org)) no later than April 25, 2008. If your session is chosen, you will be notified by May 23, 2008. If selected, you will be asked to mail a hard copy of this information to ISAPN.**

**The 2008 ISAPN Conference will be held in Schaumburg IL on October 1-4. In 2008, we expect more than 400 Advanced Practice Nurses, APN students and educators to attend our conference. In addition we expect to schedule more than 30 speakers, and fill an exhibit hall with sponsors and exhibits of interest to Advanced Practice Nurses.**

**Thank you for your interest.**

**ISAPN, PO Box 1735, Springfield, IL 62705 (866) 464-5276 [info@isapn.org](mailto:info@isapn.org)  
[www.isapn.org](http://www.isapn.org)**

**Submitter's Name:**

**Illinois Society for Advanced Practice Nursing  
2008 Midwestern APN Conference  
Call for Sessions**

**Submitter's e mail address:**

**Suggested Title of Session** (8 words maximum):

**Session Narrative:**

*In 3-5 sentences describe your session.*

→ **Complete the INA Educational Activity Overview Form included within this document.**

*Under "Objectives" list each objective in learner oriented/measurable terms which consist of one action or outcome.*

**This session will be of interest to (check all that apply):**

- CNM
- CNP
- CNS
- CRNA

**Please Choose The Category/Categories That Best Describe This Proposal:**

- Adolescent Health
  - Business and Legal Issues
  - Cardiology
  - Clinical Skills
  - Gerontology
  - Leadership
  - Management Skills
  - Men's Health
  - Mental Health
  - Neurology
  - Obstetrics/Gynecology
  - Orthopedics
  - Pediatrics
  - Pharmacology
  - Primary Care
  - Public Policy
  - Reimbursement and Billing
  - Urology
  - Wellness
  - Women's Health
  - Other (please specify):
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**Session Length:**

\_\_\_\_\_ 60-90 minutes                      \_\_\_\_\_ 90-120 minutes                      \_\_\_\_\_ More than 120 minutes

**Presenter Information:**

*Names will appear in the conference brochure exactly as provided below. Please make sure spelling is correct and all relevant titles, degrees and certifications are included.*

→ **Also complete the INA Biographical Data Form and the Conflict Of Interest /Commercial Support (COI/CS) Statement included within this document FOR EACH PRESENTER.**

**Proposal Submitter/Lead Speaker/Session Contact:**

*ISAPN expects the primary presenter/contact to coordinate all presentation logistics if there are multiple presenters.*

First Name:

Last Name:

Job Title:

Organization:

Street Address:

City:

State:

Zip:

Telephone:

Fax:

E-mail Address:

Undergraduate Degree:

Undergraduate Year:

Undergraduate School:

Graduate Degree:

Graduate Year:

Graduate School:

Professional Certifications:

Professional Background:

**Additional Presenters:**

*Please include the exact information outlined above in its entirety for each additional presenter. **Do not list any additional presenters on the proposal unless they have been contacted by you and have agreed to participate***

***Additional Presenter #1:***

First Name:

Last Name:

Job Title:

Organization:

Street Address:

City:

State:

**Illinois Society for Advanced Practice Nursing  
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Zip:  
Telephone:  
Fax:  
E-mail Address:  
Undergraduate Degree:  
Undergraduate Year:  
Undergraduate School:  
Graduate Degree:  
Graduate Year:  
Graduate School:  
Professional Certifications:  
Professional Background:

***Additional Presenter #2:***

First Name:  
Last Name:  
Job Title:  
Organization:  
Street Address:  
City:  
State:  
Zip:  
Telephone:  
Fax:  
E-mail Address:  
Undergraduate Degree:  
Undergraduate Year:  
Undergraduate School:  
Graduate Degree:  
Graduate Year:  
Graduate School:  
Professional Certifications:  
Professional Background:

**Honorarium Expected**

Please state the honorarium you would like to receive for this presentation: \_\_\_\_\_

**An Honorarium may not be offered for each session. Please note if you are willing to present this session without an honorarium.**

\_\_\_\_\_ **Yes**                      **No** \_\_\_\_\_

**Submission Information**

Session proposals are due to the ISAPN office no later than **April 25, 2008**. Please e-mail your COMPLETE proposal(s) to [info@isapn.org](mailto:info@isapn.org) and use "2008 Conference Proposal" on the subject line.

**QUESTIONS**

E mail questions to [info@isapn.org](mailto:info@isapn.org).

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**CONSENT**

I understand that I am responsible for paying all travel-related conference expenses, special event costs, meals, and other hotel expenses.

I understand that I must complete and return the INA Biographical Data Form, the Conflict Of Interest /Commercial Support (COI/CS) Statement and INA Educational Activity Overview form at the time of submission.

I understand that **handouts are required** and must be e mailed to ISAPN no later than **August 15, 2008**.

I understand that ISAPN will provide basic audio/visual equipment (overhead projector, screen, appropriate microphones) for my presentation and that I will provide my own laptop computer. (If you are able to provide your own LCD projector, we ask that you notify ISAPN and do so.) Requests for any other AV equipment must be made to Kathleen Jorgensen at [kathleen@consulting4biz.com](mailto:kathleen@consulting4biz.com)

I understand that promoting a company, service or product during the presentation is prohibited.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## ILLINOIS NURSES ASSOCIATION Educational Activity Overview Form

**DIRECTIONS:**

1. Use either the three or five column format. Make additional copies as necessary and page number and collate each page.
2. Please read sections D, E, F, G1 and H of the INA instruction manual – Single Educational Activity Approval.  
Please read sections D, E, F, G1 and H of the INA instruction manual – Educational Design for Approved Providers (i.e., organizations with approved provider status.)
3. Each objective and corresponding content must be numbered consecutively.
4. Align each objective and its corresponding content.

<b>Name of Provider:</b>	
<b>Title of educational activity:</b>	
<b>Date of educational activity:</b>	

Objectives	Content Outlines & Time Frames	Presenters/Content Specialists & Teaching/Learning Strategies
<p>List each objective in learner oriented/measurable terms which consist of one action or outcome. <b>NOTE:</b> The verb, "understand" is not measurable.</p>	<ul style="list-style-type: none"> <li>• List each topic area to be covered and provide a description of the content (three or four examples) to be presented in sufficient detail to determine consistency with objectives and appropriate amount of time allotted. <b>It must be more than a restatement of the objective.</b></li> <li>• State the time frame for each content area at the end of each segment of the outline or description.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify the presenter/content specialist for each objective/content area.</li> <li>• Note or list the teaching methods, including materials and/or resources. <b>(Reminder:</b> Questions and answers are considered teaching/learning strategies.)</li> </ul>

**ILLINOIS NURSES ASSOCIATION  
BIOGRAPHICAL DATA FORM**

**INSTRUCTIONS:** Please complete the entire form and make as many copies of it as necessary. *Do not attach additional material, such as CURRICULUM VITAE.*

**Role:** Please check the applicable role below. **Note:** An individual may fill both roles.

	<b>Planner:</b> Individual who is involved in the planning of the activity and identified as such in the application.
	<b>Presenter/Content Specialist:</b> Individual who is presenting or developing the content/topic areas.

**Check below all of your degrees in nursing and other disciplines.**

**Nursing degrees/diplomas:**

Diploma	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Baccalaureate	<input type="checkbox"/>	Masters	<input type="checkbox"/>	Doctorate	<input type="checkbox"/>
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**Degrees in areas other than nursing:**

Associate	<input type="checkbox"/>	Baccalaureate	<input type="checkbox"/>	Masters	<input type="checkbox"/>	Doctorate	<input type="checkbox"/>
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<b>Name and Credentials:</b>			
<b>Preferred address</b> (include city, state and zip code):			
<b>Preferred phone:</b>	<input type="text"/>	<b>E-mail address:</b>	<input type="text"/>
<b>Present position (title) and name of employer:</b>			

<p><b>Presenters/Content Specialists:</b> Describe (in four or five detailed sentences) your expertise relation to the topic(s) being presented: <b>Note:</b> A planner is not required to complete this section unless he/she is also a presenter/content specialist.</p>	<p><b>Planners:</b> Describe your familiarity with the target audience: <b>Note:</b> A presenter/content specialist is not required to complete this section unless he/she is also a planner.</p>

## CONFLICT OF INTEREST /COMMERCIAL SUPPORT (COI/CS) STATEMENT

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners and faculty must make full disclosure indicating whether the planner, content specialist, or presenter and/or his/her immediate family members have any relationships with sources of commercial support, e.g. pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, content specialists and presenters participating in CE activities must disclose to the audience any:

- A. Financial relationship with companies who manufacture products used in the treatment of the subjects under discussion.
- B. Financial relationships between the planner, content specialist or presenter and commercial supporter(s) of the activity and/or
- C. Intent to discuss off-label uses of a commercial product, or an investigational use of a product not yet approved for this purpose.

**All information disclosed must be shared with the audience either on the program handouts, advertising and/or presentation.**

**Commercial Interest:** INA/ANCC defines an entity that has a “commercial interest” as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations.

**Financial Relationships:** INA/ANCC defines “financial relationships” as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected.

**Relevant Financial Relationships:** INA/ANCC defines a “conflict of interest” as when an individual has an opportunity to affect CNE content with products or services from a commercial interest with which he/she has a financial relationship.

**Off-label:** “Using products for a purpose other than that for which it was approved by the Food and Drug Administration (FDA)”

<b>Name of Planner, Presenter or Content Specialist:</b>											
<b>Title of Activity:</b>											
<b>Is there a relationship with companies who manufacture products used in the treatment of the subjects under discussion:</b>					Yes		No		<b>If yes, list company(ies) with relationship below.</b>		
<b>Commercial Company(ies):</b>											
<b>Relationship:</b> (please choose all that apply)	<b>Research Support</b>		<b>Speakers' Bureau</b>		<b>Consultant</b>		<b>Shareholder</b>		<b>Large Gift(s)</b>		
	<b>Other</b>										
<b>Is there discussion of off-label uses?</b>	Yes		No		<b>Presenter/Content Specialist: If yes, you must disclose this information during your presentation. How will you do this? (please choose all that apply below)</b>						
<b>Verbal statement during the presentation</b>		<b>Information provided in handout</b>			<b>Information provided in audiovisuals (slides, overhead, PowerPoint, etc)</b>				<b>Other: describe</b>		
<b>How will the conflict of interest be resolved?</b>		Have discussed this conflict with individual who is now aware of and agrees to our policy.									
		Presenter has signed a statement that says s/he will present information fairly and without bias									
		Nurse Planner or designee will monitor session to ensure conflict does not arise.									
		Not applicable since no conflict of interest.									

	Other (please describe)	
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