**Call for Crafts -**

**NCOTA Annual Conference 2018**

***Relax, Reconnect, Rejuvenate***

**November 9-11, 2018**

**Lake Junaluska Conference Center**

**Lake Junaluska, NC**



**North Carolina Occupational Therapy Association**

 **PO Box 20432, Raleigh, NC 27619-0432**

**NCOTAConference@gmail.com**[**www.ncota.org**](http://www.ncota.org/)

**919-785-9700 Fax 919-771-0115**

# all for C rafts – NC OTA Annual C onference 2018

Lake Junaluska Conference Center, Lake Junaluska, NC

**Crats Session: Saturday, November 10, 2018**

**Submission Deadline – Wednesday, August 1, 2018**

**SPEAKER INFORMATION:**

The **primary craft presenter** is the only person to whom NCOTA will send subsequent communication regarding acceptance of the proposal and onsite logistics. Communications will be via email. Any change in email address should be reported promptly to **NCOTAConference@gmail.com** to ensure that communication between NCOTA and the primary speaker is uninterrupted.

Please complete electronically (fields expand to allow space to complete) and submit via email to **NCOTAConference@gmail.com**

|  |
| --- |
| **Primary Craft Presenter**  |
| Name and Credentials  |   |
| Affiliation or employer  |   |
| Mailing Address   |   |
| Preferred Phone  |   |
| Mobile Phone  |   |
| E-Mail  |   |
| NCOTA member?  |  Yes No   |
| **Second Craft Presenter**  |
| Name and Credentials  |   |
| Affiliation or employer  |   |
| Mailing Address  |   |
| Preferred Phone  |   |
| E-Mail  |   |
| NCOTA member?  |   | Yes  |   | No  |   |

**Craft Title:**

|  |
| --- |
|  |

**Craft Objectives:**

|  |  |
| --- | --- |
| **Learning Objective 1**  |  |
| **Learning Objective 2**  |  |

**Focus** **Area:** Check one area. If more than one applies, indicate 1st and 2nd choices.

|  |  |  |  |
| --- | --- | --- | --- |
|   | Administration  |   | Home Health  |
|   | Assistive Tech  |   | Mental Health  |
|   | Education/Research/Fieldwork  |   | Pediatrics  |
|   | General  |   | Physical Disabilities  |
|   | Geriatrics  |   | Student- Focused  |

**Level of Presentation:** Check all that pertain:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Novice/Entry Level  |   | Intermediate  |   | Advanced  |

**Target Audience:** Check all that pertain:

|  |  |  |  |
| --- | --- | --- | --- |
|   | OT  |   | Educator/Fieldwork Educator  |
|   | OTA  |   | Student  |

A craft presentation includes an example or demonstration of the craft. The craft presentation should be accompanied by an activity analysis including the items listed below, utilizing the Occupational Therapy Practice Framework:

* Supplies
* Task Directions
* Performance Skills
* Safety Considerations
* Other Tips
* Adaptations for different diagnoses

During the craft session, the presenters will hold discussions with the conference attendees who are circulating among the craft presentations that will be presented on small tables with chairs for the presenters. Many presenters find it helpful to give a brief overview of the craft and demonstration of the craft being made. Video may be utilized from a tablet if needed to demonstrate the craft being made but should be short.

Crafts must be set up at least 30 minutes before the start of the session. The presenter must remain by his or her craft table for the duration of the craft session and actively engage conference attendees. Craft presentations should be taken down by the end of the craft session. Display materials not removed following the conclusion of the day will be discarded.

 **Please prepare a brief handout of your craft to give attendees and include your contact information. This handout will provide justification for continuing education credit if a practitioner is audited.**

**Conflict of Interest:**

No promotion of or sale of goods, services, or products is permitted during craft sessions. Any session where this occurs will be halted. NCOTA recognizes that a speaker may have a financial interest in products or services discussed during a craft session. Such an interest is not prohibited, but it must be disclosed. Please check the appropriate statement. If a financial interest exists, it must be described below.

|  |  |
| --- | --- |
|   | No speaker has a financial interest in products or services to be discussed in the proposed program.  |
|   | The following speakers have a financial interest in products or services to be discussed in the proposed product:    |

|  |  |
| --- | --- |
| **Primary Presenter Name & “agree” will be considered evidence of agreement to terms of the craft sessions:**  | Agree:  |
| **Date submitted:**  |    |