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***ATTENTION: The proposal submission process has changed! This document is solely to be used to guide your submission process as a draft. Submissions should be done online by the due date. You are welcome to submit this Word document if needed for accessibility needs or as a backup option. If you have issues with the online submission, please email*** [***ncotaconference@gmail.com***](mailto:ncotaconference@gmail.com)***.***

April 13, 2024

**Cabarrus College of Health Sciences**

**Concord, North Carolina**

**Proposal Due Date: February 21, 2024**

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**North Carolina Occupational Therapy Association**

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

[**NCOTAConference@gmail.com**](mailto:NCOTAConference@gmail.com)

[**www.ncota.org**](http://www.ncota.org)

**919-785-9700**

**Spring Conference – April 13, 2024**

# Submission Deadline – February 21, 2024

| **Speaker Information** |
| --- |

The **primary speaker** is the only person to whom NCOTA will send subsequent communication regarding acceptance of the proposal and onsite logistics. Communications will be sent via email. Any change in email address should be reported promptly to [**NCOTAConference@gmail.com**](mailto: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).

| **Primary Speaker** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Name and Credentials |  | | | | |
| Affiliation or Employer |  | | | | |
| Mailing Address |  | | | | |
| Preferred Phone |  | | | | |
| E-mail Address |  | | | | |
|  |  |  |  |  |  | |
| NCOTA member? |  | Yes |  | No |  | |

| **Additional Speaker** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Name and Credentials |  | | | | |
| Affiliation or Employer |  | | | | |
| Mailing Address |  | | | | |
| Preferred Phone |  | | | | |
| E-mail Address |  | | | | |
|  |  |  |  |  |  | |
| NCOTA member? |  | Yes |  | No |  | |

| **Additional Speaker** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Name and Credentials |  | | | | |
| Affiliation or Employer |  | | | | |
| Mailing Address |  | | | | |
| Preferred Phone |  | | | | |
| E-mail Address |  | | | | |
|  |  |  |  |  |  | |
| NCOTA member? |  | Yes |  | No |  | |

| **General Proposal Information** | | | | |
| --- | --- | --- | --- | --- |
|  | **Session Title:** |  |  |  | |
|  |  | *Title should be no more than 10 words and should clearly convey the content* |  |  | |

|  | **In-Person Only** |  | **Pre-Recorded Only** |  | **In-Person AND Pre-Recorded** |
| --- | --- | --- | --- | --- | --- |
| *Given in-person at the Conference; no livestream or recording* | | *Recorded ahead of time for virtual platform viewing* | | *Given in-person at the Conference (no livestreaming) AND recorded ahead of time for virtual platform viewing* | |

**Presentation**

**Format:**

**Level of**

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

**Presentation:**

**Focus** **Area:** *Check at least one Special Interest Section. If more than one applies, indicate 1st and 2nd choices.* *For more information regarding*

*the topics covered under each SIS, please visit NCOTA.org/sis.*

|  |  | Children & Youth |  | Home & Community Health |  | Student-Focused |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Technology |  | Mental Health |  | General/Other |
|  |  | Education & Research |  | Administration & Leadership |  |  |
|  |  | Physical Disabilities |  | Gerontology |  |  |

| **Target Audience:** |  | **OT** |  | **Educator / Fieldwork Educator** |
| --- | --- | --- | --- | --- |
| *Check all that apply* |  | **OTA** |  | **Student** |

| **Session Synopsis**: | | Summarize the **major points** of your presentation and **describe** how this topic will advance either the practice/professional development of the participant or the field of occupational therapy. If your proposal is accepted, the synopsis will be posted in the online conference program which attendees will use to select their session choices. The synopsis will also be published in the onsite conference program. Please use clear language when referring to the audience of a presentation or poster is imperative. Unless your course discusses roles that apply only to occupational therapists, the term "occupational therapy practitioner" is an acceptable and preferred term to use. The use of "occupational therapy practitioners" can prevent cumbersome repetitions of "occupational therapists and occupational therapy assistants." The use of "occupational therapists" as a term for all occupational therapy practitioners is discouraged as it is ambiguous and excludes other licensed professionals in our profession. **Must be no more than 125 words.** |
| --- | --- | --- |
|  |  | |

| **Speaker Bio(s)**: | Please include a brief bio for the presenters which will be published on the NCOTA website with the conference materials. Include the most pertinent information as it relates to your presentation. |
| --- | --- |

| Primary Speaker: |  |
| --- | --- |
| Additional Speaker: |  |
| Additional Speaker: |  |

| **Learning Objectives, Content, and Methods** |
| --- |

| **Session Title:** |  |
| --- | --- |

*Title should match the session title listed on previous page and be no more than 10 words and should clearly convey the content*

**Please complete the following section in its entirety. You may add, delete, expand, or contract a row as needed for the number of topics and length of objectives.**

* + - * **Learning Objectives**: *Short Courses must have 2 objectives List objectives in operational and/or behavioral terms. Objectives must be measurable and achievable. Words such as describe, explain, identify, design, and apply are measurable objectives for what a participant should be able to do after attending the session.*
* **Content:** *List each topic area covered and provide a description or outline of the content to be presented. Please indicate whether the content is descriptive, research, and/or practice-focused.*
* **Time Frame**: *State the time frame for each topic area. Time frames allotted for each objective should total to the required time for the type of educational course intended: 1.5 hours for Short Course, 4 hours for Pre-Conference Institute.*
* **Presenters**: *List the speakers for each topic. Please ensure these speakers are also listed above in the speaker information section.*
* **Teaching Method**: *Describe the teaching methods used for each objective*.
* **Interactive Component**: *Encouraged, but not required. Examples include: breakout groups, simple games, hands-on/kinesthetic learning, technology (Ka-hoot or Socrative)*

| **Learning Objective 1** |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Content: |  | | | | | | |
|  | Descriptive |  | Research | |  | Practice-Focused |  |
| Presenter(s): |  | | | Time Frame: | |  | |

| **Learning Objective 2** |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Content: |  | | | | | | |
|  | Descriptive |  | Research | |  | Practice-Focused |  |
| Presenter(s): |  | | | Time Frame: | |  | |

| **Learning Objective 3** |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Content: |  | | | | | | |
|  | Descriptive |  | Research | |  | Practice-Focused |  |
| Presenter(s): |  | | | Time Frame: | |  | |

| **Learning Objective 4** |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Content: |  | | | | | | |
|  | Descriptive |  | Research | |  | Practice-Focused |  |
| Presenter(s): |  | | | Time Frame: | |  | |

| **Interactive Component:** |  | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Content: |  | | | | | | |
|  | Descriptive |  | Research | |  | Practice-Focused |  |
| Presenter(s): |  | | | Time Frame: | |  | |

| In addition to any presentation materials, speakers will need to provide attendees with access to an outline of the presentation, at a minimum. **Speakers are responsible for printing the outline and any other additional handouts to give to attendees if they are expected to be used during the presentation.**  This is to provide justification for continuing education credit if a practitioner is audited. |
| --- |

| **Technology Requirements** |
| --- |

The standard AV setup is built into all classrooms (screen, projector, microphone, HDMI connection). Please plan to bring your own presenting device (e.g. laptop), and plan to either email a copy of your presentation to yourself and/or bring your presentation on a flash drive as a backup. If you do not have a presenting device or are using a device without an HDMI connection, please plan to bring an adapter or indicate below that you will need to borrow one supplied by NCOTA. *Please check as appropriate*:

|  | I will need access to a projector, microphone, and screen |
| --- | --- |
|  | I will need to borrow an HDMI-adapter supplied by NCOTA |
|  | I do not have a presenting device and will need to borrow one supplied by NCOTA |
|  | I will be bringing other equipment for demonstration purposes and need space in the front of the room |
|  | This session is a panel and requires a speakers’ table in the front |

| **Conflict of Interest** |
| --- |

*No promotion of or sale of goods, services, or products is permitted during educational 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 an educational 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: |

| **Agreement** |
| --- |

* **I/we understand the technology requirements and AV options available, and understand/agree to abide by the policies governing accepted proposals. I/we understand that it is my/our responsibility to be present for the presentation in-person and to have necessary materials (presentation, additional AV needs, handouts, etc.) ready for the presentation.**
* **I/we understand the requirement that all OT, OTA and student** speakers must register for the conference **(*speaker discount code available*). Prices are available on the NCOTA website.**
* **In addition to any presentation materials, speakers will need to provide attendees with access to an outline (digital or hard copy) of the presentation, at a minimum. I/we understand that this must be done at the time of the presentation and that I/we are responsible for printing the outline/additional handouts (where applicable) for participants. This is to provide justification for continuing education credit if a practitioner is audited. *(If requested by the speaker, NCOTA will send an estimated number of attendees for their course one week prior to the conference so that they can plan accordingly.)***
* **I/we understand that if we wish to share a digital copy of our outline, handouts, and/or presentation, that I/we are responsible for gathering attendees contact information and thereafter sending them a digital copy.**
* **I/we understand that should I/we need to withdraw my/our presentation from the conference line-up, that I/we must notify the NCOTA Continuing Education Co-Chairs via email (**[**ncotaconference@gmail.com**](mailto:ncotaconference@gmail.com)**) as soon as possible.**

I/We Agree to the terms outlined above:

| **Primary Presenter Name will be considered evidence of agreement to terms:** |  |
| --- | --- |
| **Date submitted:** |  |