***Student Assistive Technology /Adaptive Equipment***

 ***Competition Proposal Form***

***NCOTA Fall Conference 2023***

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**NCOTA Conference: November 5, 2023**

**Rowan-Cabarrus Community College, Salisbury, NC**

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

**Contact/Submission Email:** **ncota.at@gmail.com**

Submission Deadline- Friday, October 6, 2023

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| **Presenter Information** |

The **primary presenter** 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 **ncota.at@gmail.com** to ensure that communication between NCOTA and the primary presenter is uninterrupted. Please complete electronically (fields expand to allow space to complete).

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| **Primary Presenter** |
| Name  |  |
| School Name |  |
| Mailing Address |  |
| Preferred Phone |  |
| E-mail Address |  |
|  |  |  |  |  |  |
| NCOTA member? |  | Yes |  | No  |  |

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| **Additional Presenter** |
| Name  |  |
| School Name |  |
| Mailing Address |  |
| Preferred Phone |  |
| E-mail Address |  |
|  |  |  |  |  |  |
| NCOTA member? |  | Yes |  | No  |  |

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| --- |
| **Additional Presenter** |
| Name  |  |
| School Name |  |
| Mailing Address |  |
| Preferred Phone |  |
| E-mail Address |  |
|  |  |  |  |  |  |
| NCOTA member? |  | Yes |  | No  |  |

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| **General Assistive Technology- Adaptive Equipment Design Information** |

**Assistive Technology Design Presentation:** Contestants will share visual aide(s) to promote their design with the table space provided. The visual aids can include a prototype, design plans, handouts, brochures, a trifold poster, and/or use of a tablet or laptop. QR codes are encouraged to reduce paper use. Students are welcome to suggest other ideas for visual aids when submitting a proposal form. However, an outlet and internet connection cannot be guaranteed.

The competition results will be determined by a vote by conference attendees. The top 3 voted designs will win prizes: 1st place= $300, 2nd place= $150, 3rd place= $50. Good Luck!

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

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

**Description:** An Assistive Technology or Adaptive Equipment Design is a physical design that was created based on personal or professional experience, scholarly report or research, and innovation and creativity. Please carefully and thoughtfully describe your design, the inspiration for your design, and the anticipated benefits of your design, and be sure to include any citations as needed. A statement should also be included outlining steps taken to determine if a similar product is already on market and how this design is different.

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**Please email** **ncota.at@gmail.com** **for any additional questions.**

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| **Conflict of Interest** |

*No promotion of or sale of goods, services, or products is permitted during educational sessions*. Any AT-AE Design submission where this occurs will be halted. NCOTA recognizes that a presenter 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: |

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| **Agreement** |

* **I/we attest that this design is our own and any outside credit or inspiration is acknowledged above.**
* **I/we attest that this design does not already exist to the best of my knowledge at the time of submission.**
* **I/we understand/agree to abide by the policies governing accepted proposals.**
* **I/we understand the requirement that all OT, OTA and student presenters must register for the conference (*speaker/student rate available*).**

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