



## Presentation Proposal Educational Activity Plan

Submit this form and a completed Presenter's Biographical Data Form (attached)  
to ACN for each Presentation Proposal Submitted

Title of Educational Activity: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Purpose: How does this proposed activity or session support the Symposium's purpose statement?  
\_\_\_\_\_  
\_\_\_\_\_

Length of Presentation (check one):  45 minutes       60 minutes       90 minutes

AV Support Needed (check all needed):  Screen     Overhead projector     Slide projector  
 Powerpoint Projector                       Flip Chart

Complete this grid (below) based on your planned educational activity. This assumes the presenter listed above delivers the content described below. If that differs, list the name of the presenter used.

By the end of this section, the learner will be able to (insert behavioral objective)	Outline the content that supports this behavioral learning objective	Time (minutes)	Teaching-Learning Strategies Used	Delivery Method	Resources and Materials Used
			<input type="checkbox"/> Lecture <input type="checkbox"/> Discussion <input type="checkbox"/> Mapping <input type="checkbox"/> Group Work <input type="checkbox"/> Reflection <input type="checkbox"/> Demonstration <input type="checkbox"/> Learner-Directed Action <input type="checkbox"/> Other Option: _____	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Written Material (note sheet, book, journal, etc) <input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Web-based <input type="checkbox"/> Other Option: _____	<input type="checkbox"/> Handouts <input type="checkbox"/> References <input type="checkbox"/> AV equipment <input type="checkbox"/> Lab equipment <input type="checkbox"/> Simulation Equipment <input type="checkbox"/> Other Option: _____
			<input type="checkbox"/> Lecture <input type="checkbox"/> Discussion <input type="checkbox"/> Mapping <input type="checkbox"/> Group Work <input type="checkbox"/> Reflection <input type="checkbox"/> Demonstration <input type="checkbox"/> Learner-Directed Action <input type="checkbox"/> Other Option: _____	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Written Material (note sheet, book, journal, etc) <input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Web-based <input type="checkbox"/> Other Option: _____	<input type="checkbox"/> Handouts <input type="checkbox"/> References <input type="checkbox"/> AV equipment <input type="checkbox"/> Lab equipment <input type="checkbox"/> Simulation Equipment <input type="checkbox"/> Other Option: _____
			<input type="checkbox"/> Lecture <input type="checkbox"/> Discussion <input type="checkbox"/> Mapping <input type="checkbox"/> Group Work <input type="checkbox"/> Reflection <input type="checkbox"/> Demonstration <input type="checkbox"/> Learner-Directed Action <input type="checkbox"/> Other Option: _____	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Written Material (note sheet, book, journal, etc) <input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Web-based <input type="checkbox"/> Other Option: _____	<input type="checkbox"/> Handouts <input type="checkbox"/> References <input type="checkbox"/> AV equipment <input type="checkbox"/> Lab equipment <input type="checkbox"/> Simulation Equipment <input type="checkbox"/> Other Option: _____

What evaluation method will be used to evaluate this activity? Check all that apply.  
 Evaluation form     Post-test     Structured Interview     Observation of performed skill

What evaluation category is most appropriate for this activity?  
 Learner satisfaction     Knowledge     Skill     Attitude change  
 Change in practice, performance     Relationship of changed practice to quality of service



## Presenter's Biographical Data Form

*Please print legibly and complete all requested information. Thank You!*

Check all that apply: I am  an activity planner representing \_\_\_ content expertise, \_\_\_ target audience, and/or \_\_\_ adherence to ANCC COAWNA CEAP criteria.  
 a Content Expert/Presenter

Name & Degrees \_\_\_\_\_

Preferred Address \_\_\_\_\_

Number & Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Position (title) \_\_\_\_\_

Employer & Location: \_\_\_\_\_

Education: Include basic preparation through highest degree held

	Degree	Institution (Name, City, State)	Major area of study	Year Degree Awarded
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Briefly describe your experience or area of expertise (including publications, presentations, and/or CE activities) related to your involvement as a content expert/presenter or activity planner:

Conflict of Interest Statement -- All disclosed information must be shared with the audience on program handouts and/or via audiovisual presentation.

Do you have a relevant financial relationship(s) with an entity with a commercial interest?  No  Yes: complete the table below.

Source of Relevant Financial Support	Nature of Relevant Financial Relationship (list what was received and for what purpose)

Is off-label use of a drug or product addressed in this presentation?  No  Yes

If YES, you must disclose this information during your presentation. How will you do this?

- Verbal statement during the presentation.
- Information provided on handouts
- Information provided in audiovisuals.
- Other: (describe) \_\_\_\_\_

Indicate your understanding of and willingness to comply with each statement below by checking the appropriate box. If you have questions regarding your ability to comply, contact the Association of Camp Nurses at 218-586-2633.

Agree	Disagree	NA	Compliance Statement
			I have disclosed to the Association of Camp Nurses (ACN) all relevant financial relationships and this information will be disclosed to the learners verbally and in writing.
			The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and <i>will not</i> promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
			I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with the ACN.
			I understand that the ACN may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested.
			Since I am presenting at a live event, I understand that a CNE monitor may be attending the event to ensure that my presentation is education and not promotional in nature.
			If I am providing recommendations involving clinical nursing, they will be based on evidence that is accepted within the profession of nursing as adequate justification for their indications and contraindications in the care of clients. All scientific research referred to, reported or used in support of justification of a client care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.
			If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the EDA for labeling or advertising.
			If I am discussing specific health care products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available and not just trade names from any single company.
			If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company.

Summary Statement

- I have carefully read and considered each item on this form and have completed the form to the best of my ability.

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

Print Name: \_\_\_\_\_

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

By checking this box, I am providing my electronic signature approving all the information entered above.