Call for Proposals

NCOTA Spring Conference 2021

*Virtual Spring Conference*

March 20, 2021

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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**

**Proposal Due Date: January 15, 2021**

# Virtual Spring Conference on Saturday, March 20, 2021

# Submission Deadline – January 15, 2021

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| **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).

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

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

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

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| **General Proposal Information** |

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

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

**Level of**

**Presentation:**

**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 |

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| **Target Audience:** |  | **OT** |  | **Educator / Fieldwork Educator** |
|  |  | **OTA** |  | **Student** |

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| **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.** |
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| **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. |

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

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

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| **Session Title:** |  |

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|  | **Short Courses must have at least 2 objectives.**  Objectives are 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. *Note: Add, delete, expand or contract row as needed for the number of topics and length of objectives.* |
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| **LEARNING OBJECTIVES**  *List objectives in operational/behavioral terms* | **CONTENT**  *List each topic area to be covered and provide a description or outline of the content to be presented. Please note whether the content is descriptive, research, or practice-focused* | **TIME FRAME**  *State the time frame for each topic area* | **PRESENTERS**  *List the speaker for each topic* | **TEACHING METHOD**  *Describe the teaching methods used for each objective* |
| **Objective 1** |  |  |  |  |
| **Objective 2** |  |  |  |  |
| **Objective 3** |  |  |  |  |
| **Interactive Component**  (encouraged but not required given presentation will be delivered via virtual platform) |  | | | |

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| In addition to any presentation materials, speakers will need to provide attendees with access to an outline of the presentation, at a minimum. **Speakers should send a digital copy of either a handout, presentation, or any other materials at least ONE WEEK PRIOR to Conference to be added to the website. Speakers are responsible for printing handouts to give to attendees if they choose not to post handouts online**. This is to provide justification for continuing education credit if a practitioner is audited. |

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| **Technology Requirements** |

Given the virtual format of this year’s conference, please indicate your access to the following:

Please check as appropriate:

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|  | I have access to a device with audio/visual capacity (camera and microphone) |
|  | I do not have access to a device with audio/visual capacity (camera and microphone) |
|  | I have access to a stable WiFi or Internet Connection |
|  | I do not have access to a stable WiFi or Internet Connection |

*\*Should a prospective speaker need access to a device with audio/visual capacity (camera and microphone) and/or stable WiFi or Internet connection, please contact* [*ncotaconference@gmail.com*](mailto:ncotaconference@gmail.com) *for assistance.*

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| **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.

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|  | 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 understand the technology requirements\* and understand/agree to abide by the policies governing accepted proposals.**
* **I/we understand the requirement that all OT, OTA and student speakers must register for the conference (*speaker rate available*).**
* **In addition to any presentation materials, speakers will need to provide attendees with access to an outline of the presentation, at a minimum. I/we understand that this must be sent at least one week prior to the Conference to the** [**office@ncota.org**](mailto:office@ncota.org)**. This is to provide justification for continuing education credit if a practitioner is audited.**

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