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Student Assistive Technology /Adaptive Equipment

Competition Proposal Form

NCOTA Fall Conference 2022

# *Sponsored by LimbTech*

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NCOTA Conference: November 4-6, 2022

**McKimmon Conference and Training Center in Raleigh, North Carolina**

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

**Contact/Submission Email:** [**ncota.at@gmail.com**](mailto:ncota.at@gmail.com)

Submission Deadline- Friday, October 7, 2022

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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**](mailto: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).

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** This year, the competition will allow participants to present **in person** at the Conference. Contestants can bring posters/handouts with any visual aide to promote their design. The presentations will be informal while the attendees vote on their favorite design. The top 3 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 |

An Assistive Technology or Adaptive Equipment Design is a physical design that was created based on personal/professional experience, scholarly report or research, and innovation and creativity. Please carefully and thoughtfully describe your design, and be sure to include citations or inspirations for your work.

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| Summarize the **major points** of your AT – AE Design and **describe** how this product will advance either the practice/professional development of the participant or the field of occupational therapy. |
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**Handout:** If you are going to provide a handout as a brief synopsis of your design, please provide your own copies. The NCOTA representatives are not responsible for providing the information

**Poster:** It is not required to have a poster/visual prop for presenting, but this may help display information as attendees will be passing by each product/design.

**Please email** [**ncota.at@gmail.com**](mailto: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 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 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:** |  |

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