



# NADONA

"representing post-acute and long term care nurse leaders"

## **CALL FOR PRESENTATIONS (must be completed)**

### **2022 NATIONAL CONFERENCE**

**NOLA! Nadona *is an Opportunity for Learning and Achieving***

**Sheraton New Orleans Hotel**

**New Orleans, Louisiana**

**Pre-Conference: June 25**

**Conference: June 26 – 29**

**DEADLINE TO SUBMIT IS: Nov 10, 2021**

**We are currently seeking the following topics but are not limited to:**

**Leadership, Infection Prevention (not related to COVID), Stress, Recruitment and retention, Mental Health, Dealing with younger residents with mental health issues.**

Your completed application should include:

- a professional head shot,
- an up-to-date CV/resume, and
- the time you need to complete the program.

We have 60- & 90-minute program times available. All programs will have the ability to show Power points, and also a podium mic, or a clip-on mic. If you need any additional AV, please list that on your description of the program. We submit all programs to be approved to award both nursing CE and Administrator credits (NAB's). If you have any questions, please call our office at 800.222.0539 or email us at [info@nadona.org](mailto:info@nadona.org).



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**2022 NATIONAL CONFERENCE**

**Sheraton New Orleans Hotel**

**New Orleans, Louisiana**

**Pre-Conference: June 25, 2022**

**Conference: June 26 – 29, 2022**

- Educational Session Proposals must be 60 or 90 minutes in duration
- Title of Program: (Program must be designed for the Nurse Administrator or Administrator in the Long Term Care Continuum) (Please check the appropriate category for your program)
- Examples of past presenting experience must be submitted (dates and titles of programs presented in the last 2 years) **Attach separate page please.** (You tube videos of your past presentations also accepted) Please provide links.
- All sessions must be commercial free- NO Logo's or advertising info is allowed on the power points.

**Each selected speaker MUST submit a speaker packet as required for accreditation of continuing education hours and NAB credits or your 'Call for Presentation' will not be considered.**

**PLEASE SUBMIT ALL REQUIRED DOCUMENTATION WITH SPEAKER PACKET**

*You will receive one complimentary conference registration per session if your proposal is selected. NADONA does not provide a gratuity or travel and accommodation reimbursement.*

***NADONA reserves the right to accept or deny any application***

**Mail to: NADONA/LTC; 1329 E. Kemper Road; Springdale;  
OH 45246 or fax to: 513.791.3699 Questions? Call  
NADONA at 1-800-222-0539 or email  
[conference@nadona.org](mailto:conference@nadona.org)**

# NADONA

## Biographical and Conflict of Interest Form 2014 ANCC Criteria –2022 NADONA Conference

\* = required field

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

Education Activity Date: \_\_\_\_\_

\*Role in Educational Activity: (Check all that apply)

Planning Committee Member

Faculty/Presenter/Author

Content Reviewer

Other – Describe: \_\_\_\_\_

**Must include Bibliography as separate attachment  
w/ references (List name of Article and URL location)  
for consideration**

### \*Section 1: Demographic Data

Name *(please include credentials/degrees if NOT an RN)* \_\_\_\_\_

IF RN, Nursing Degree(s): \_\_\_\_\_ AD \_\_\_\_\_ Diploma \_\_\_\_\_ BSN \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Employer and Position/Title: \_\_\_\_\_

### Section 2: Expertise

If a planning committee member, select area of expertise specific to the educational activity listed above:

\_\_\_\_\_ Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

\_\_\_\_\_ Content Expert

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.) Or attach a curriculum vitae.

### \*Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

\_\_\_\_\_ An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Nurse Planner may request additional documentation.)

## \*Section 4: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest\**, the products or services of which are pertinent to the content of the educational activity (see Figure 6). The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

\***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are **ineligible** for accreditation.

An organization is NOT a Commercial Interest Organization\* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(\*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 ([www.accme.org](http://www.accme.org)) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships\*\*** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

\*\***Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.

- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

\*Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

**If yes,** please complete the table below for all actual, potential or perceived conflicts of interest\*\*:

<i>Check all that apply</i>	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

\* \*\*All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

## Section 5: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- \_\_\_\_\_ Not applicable since no conflict of interest.
- \_\_\_\_\_ Removed individual with conflict of interest, from participating in all parts of the educational activity.
- \_\_\_\_\_ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- \_\_\_\_\_ Not awarding contact hours for a portion or all of the educational activity.
- \_\_\_\_\_ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- \_\_\_\_\_ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- \_\_\_\_\_ Other - Describe: \_\_\_\_\_

**\*Section 6: Statement of Understanding**

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

\_\_\_\_\_ **Electronic Signature (Required)**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Completed By: Name and Credentials**

**Speaker Bio for Program Guide:**

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**Description of session:**

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**TO BE COMPLETED IN OFFICE**

**Nurse Planner Signature (\*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).**

An "X" in the box below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

\_\_\_\_\_ **Electronic Signature (Required)**

\_\_\_\_\_  
**Completed By: Name and Credentials**

\_\_\_\_\_  
**Date**

NADONA 2021 Conference

Educational Planning Table – Live (2014 criteria)

\*Title of Activity: \_\_\_\_\_

Identified Gap(s): \_\_\_\_\_

Description of current state: \_\_\_\_\_

Description of desired/achievable state: \_\_\_\_\_

Gap to be addressed by this activity: \_\_\_\_\_

\_\_\_\_\_ Knowledge    \_\_\_\_\_ Skills    \_\_\_\_\_ Practice    \_\_\_\_\_ Other: Describe \_\_\_\_\_

**\*Purpose: (write as an outcome statement, e.g. "The purpose of this activity is to enable the learner to.....")**

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER	TEACHING METHODS
List learner's objectives in behavioral terms	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	State the time frame for each objective	List the Faculty for each objective.	Describe the teaching methods, strategies, materials & resources for each objective
1.				
2.				
3.				

**\*List the evidence-based references for developing this educational activity:**

Total Minutes \_\_\_\_\_ divided by 60 = \_\_\_\_\_ contact hour(s)

**Completed By: Name and Credentials** \_\_\_\_\_

**Date** \_\_\_\_\_