

## ASPAN’s 44th National Conference 2025 – Call for Proposals

## Dallas, TX

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| **Proposal Information Sheet** |

**\*Please note\***

* The presentation proposal that you submit **must** be new, unique, and **cannot** have been presented previously at any other conference at any other time.
* Please submit **one copy** of the proposal that includes all speaker names.
* **Sessions are 75 minutes in length.**
* The **maximum** honorarium paid is $187.50 per session; sessions with multiple presenters will split the $187.50 honorarium. Only the primary presenter will receive travel, one night hotel and registration to one day of the conference if they are receiving no other funding (presentation day).

**Presenter Requirements (no exceptions)**

* If selected as a presenter, **you agree** to present your session live in person, **and** via live webcast, **and** agree to have the session recorded prior to (February 2025 or March 2025) or after conference for the ASPAN On Demand Library.
* If selected as a presenter, and the national conference has to change to a virtual only platform, you **agree** to present your session via live webcast **and/or** have it pre-recorded (depending on the platform selected by ASPAN) **and** agree to have the session recorded for the ASPAN On Demand Library.
* If selected as a presenter, **you agree** to provide three post test questions in multiple choice or true/false format for each session you are presenting.
* If selected as a presenter, **you agree** to submit a copy of your powerpoint presentation to the ASPAN National Office in powerpoint format for accreditation and record keeping purposes.
* If selected as a presenter, **you agree** to let ASPAN post a handout version of your slide presentation for the participants.
* If selected as a presenter, and there is another or other speakers in this presentation, **you agree** that, if one of you can’t present, the other speaker(s) will be able to proceed and complete the presentation.
* We strongly suggest you include the words PACU or Perianesthesia in the session title.

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| **The following must be complete and submitted for this proposal:**   1. Proposal Information Sheet 2. Financial Disclosure Form (for EVERY presenter) 3. Lecture Details Form 4. Copy of your CV or Resume (for PRIMARY presenter)   All forms must be **computer generated** and **emailed** to **cpapp@aspan.org** no later than **May 15, 2024**.  **Your Proposal Will NOT Be Reviewed if:**  1. Abstract submission forms are submitted in Handwritten, Faxed, or PDF formats  2. Abstract submission forms are not complete  3. Abstract submission forms are not current 2021 version  4. Your presentation is found to have been presented previously, for any organization  The Proposal will be reviewed by the ANCC-COA Accredited Provider Unit and you will be notified if your lecture has been selected in late summer. No proposals will be returned. Please retain a copy for your records. |

1. Presenter(s) Name and Credentials:
2. Title of Lecture:
3. Description of Lecture (2-3 sentences) [If accepted this will be the description in the National Conference Brochure]:
4. Identified Knowledge Gap: (explain why this topic is important/needed):
5. Description of current state of this topic:
6. Description of desired / achievable state after presentation:
7. What is the desired nursing professional development learning outcome for this session?

To enable the nurse to increase knowledge on…..

1. **Please identify which topic category the session pertains to (Check ONE box):**

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| --- | --- | --- | --- | --- | --- | --- |
|  | Clinical |  | Research/EBP | |  | Leadership Management |
|  | Legal/Ethical/Standards |  | Special Populations | |  | Competency/Safety |
|  |  |  | Other: |  | | |

**Secondary Description/ Topic (Please Check One)**

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| --- | --- | --- | --- | --- | --- | --- |
|  | Phase I |  | Pre-Op | |  | Preanesthesia Screening |
|  | Phase II |  | Pain Management/Modalities | |  | Patient Education/Discharge |
|  | Anesthesia Agents/Techniques |  | Leadership/Management | |  | Competency Assessment |
|  | General/Specific Surgery |  | Pediatrics | |  | New Technology |
|  | Pharmacology |  | Regulatory/Safety | |  | Standards |
|  | Perianesthesia Education |  | Quality Improvement/PI | |  | New Procedures |
|  | Emergency Preparedness |  | Other: |  | | |

1. Will your employer/component commit to hotel and travel expenses to attend the National Conference prior to being selected as a National Conference Speaker?

\*\*\*Place an X in the appropriate boxes below & indicate amount of funding\*\*\*

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| --- | --- |
|  | No |
|  | Yes |  | Full Funding |  | Partial Funding | Amount: $ |
| Funded by: | |  | | | | |

* If you are not receiving funding only the **primary** presenter will receive:
  + Transportation (round trip airfare)
  + One night hotel (at the host hotel only)
  + Registration for one day of the conference (the day of the presentation).

**\*\*If the primary presenter receives full funding or partial funding the primary presenter will only receive the day of registration from ASPAN and your honorarium.**

* Designate Primary presenter/contact for presentation:
* Please provide an email address for each speaker:
* Please complete a separate Financial Disclosure form (next page) for EVERY PRESENTER.

**ASPAN Provider Unit**

**Lecture Details Form**

This form must be computer generated & returned via e-mail. Do not PDF!

| **CONTENT TOPICS TO BE COVERED IN THE PRESENTATION** |
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**References (Must be dated in the past 5 years):**