



2019 NYSSPA CME Conference
October 24-27, 2019
Hilton Albany, Albany NY

Proposal Submission Information

*PLEASE TYPE IN ALL INFORMATION, HANDWRITTEN FORMS WILL NOT BE ELIGIBLE FOR REVIEW.

I. Presenter Contact Information

Name: _____

Credentials: _____

Title: _____

Institution: _____

Department (if applicable): _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

On-Site Contact Number: _____

Email: _____

II. Presentation Details

Presentation Title: _____

Track or Specialty Area: _____

Educational Content Level (Choose from Fundamental, Intermediate, Advanced): _____

Session Description (approximately 250 words):

Learning Objectives: In order for NYSSPA to meet its obligation to offer CME credits to conference participants, all presenters must provide three learning objectives for their session. Each learning objective should clearly explain to the audience what they can expect to better understand or achieve after attending your session. Please use action words like review, analyze, discuss, etc. as in “Participants will be able to discuss ...”

“At the conclusion of this presentation, participants will be able to:”

1. _____
2. _____
3. _____

III. Presenter Bio/Headshot

Biographical information will be used by the moderator as a short, 1 minute introduction of your presentation. Please provide below a brief biographical summary (approx. 100 words). A headshot should be attached with your submission.

Note: Bio and headshot will also be included in your speaker profile for the NYSSPA conference app.

**** Please return this completed form to meetings@nysspa.org, no later than Monday December 31, 2018 11:59pm.**