



WORKSHOP ABSTRACT SUBMISSION FORM
GPHA 84th Annual Meeting & Conference - April 22 & 23, 2013
Grand Hyatt - Atlanta, GA

DEADLINE FOR SUBMISSION IS THURSDAY, DECEMBER 20th at 5:00pm.

Please complete all sections. Incomplete or incorrect submissions will not be considered.

Complete one submission form for each proposed presentation. Please type directly into this form and save in Microsoft Word 97-2003 format. Follow the guidelines carefully. **The completed package should be electronically mailed to the GPHA Executive Office at megan@gapha.org. SUBMISSIONS WILL ONLY BE ACCEPTED IN ELECTRONIC FORMAT.** You will receive notification of the status of your abstract no later than January 25, 2013. Should your abstract be accepted for presentation at the conference, you will receive additional directions at that time. Questions may be directed to megan@gapha.org. Authors are encouraged to apply now for any approvals needed for conference attendance.

TITLE: (limited to 50 characters)

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Workshop Description:

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Primary Contact:

LAST		FIRST & MI	
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Organizational Affiliation:

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Mailing Address:

Street	City	ST	Zip

Cell Phone # <i>(Required)</i>	Fax
Email <i>(Required)</i>	

ABSTRACT INFORMATION:

The abstract that you submit should describe a workshop lasting a total of 60 minutes (verbal presentation including a question and answer period).

The 84th Annual Meeting will be divided into four educational tracks. **Please indicate with an ‘X’ into which of these educational tracks you wish to submit your abstract (conference program planners will make the final determination):**

	<p>Current Priorities in Public Health, topics may include (but are not limited to):</p> <ul style="list-style-type: none"> • Reducing obesity and promoting physical activity • Chronic disease prevention and control • Linkages between public health and other disciplines
	<p>Leadership & Professional Development, topics may include (but are not limited to):</p> <ul style="list-style-type: none"> • Encouraging mentoring within your organization • Networking skills • Communicating the meaning of public health to the lay audience
	<p>Management for Public Health Professionals, topics may include (but are not limited to):</p> <ul style="list-style-type: none"> • Management of public health agencies or offices • Long-term effects of health reform at the organization level • Personnel management • Organizational development
	<p>Policy, Advocacy & Local Government, topics may include (but are not limited to):</p> <ul style="list-style-type: none"> • Writing effective policy statements • Building a coalition to support public health issues • Understanding the roles of various agencies in implementation and regulation of public health

The Georgia Public Health Association is comprised of sections, according to the primary professional interests and affiliations of the membership. **Please indicate with an ‘X’ which GPHA sections would find this abstract of particular interest (choose all that are relevant):**

	Administration		Governance		Medical/Dental
	Behavioral Health		Health Education and Promotion		Nursing
	EMS & Emergency Preparedness		Health Information & Information Technology		Nutrition
	Environmental Health		Laboratory		Office Personnel
	Epidemiology		Maternal and Child Health		Primary Health Care

Educational Objectives:

Each abstract must include educational objectives to meet requirements for continuing education. List educational objectives followed by a brief description and an approximate time frame within the 60-minute workshop session.

Objectives should complete the sentence below and should contain a specific, measurable verb (e.g., describe, explain, identify, etc). The objectives should reflect what attendees will be able to do after hearing the presentation.

“Upon conclusion of this educational activity, participants will be better able to:”

OBJECTIVES List educational objectives in behavioral terms	CONTENT (Topics) Provide an outline of the content for each objective. It must be more than a restatement of the objective.	TIME FRAME State the time frame for each objective (e.g. 30 minutes)	PRESENTER List the Presenter for each objective.	METHODS Describe the teaching methods, strategies, materials & resources.
EXAMPLE: Evaluate the role of adults, in both the home and school environments, in influencing attitudes about and responses to dating violence.	School health education should include opportunities for discussion of dating expectations and concerns, and should teach problem-solving skills that address dating behaviors. Educational efforts should explore how adults in the school setting currently address violent behavior.	20 minutes	Patrick Presenter, MPH	Lecture, handouts, Q & A and written evaluation.
1.				
2.				
3.				

WORKSHOP ABSTRACT:

Abstract is limited to 250 words and should follow these guidelines, according to the type of work represented:

- **Research:** Include background, theoretical framework, hypotheses/research questions, methods, results, conclusion and implications for practice
- **Practice:** Include background, theoretical basis, objectives, interventions, evaluation measures
- **Policy:** Include statement of the issue and policy resolution

(A requirement of Georgia Nurses and CHES is that the abstract must provide an outline/summary for each learning objective listed above. It must be more than a restatement of the objectives.)

PRESENTER BIOGRAPHICAL DATA FORM

Make copies of this page for multiple presenters, speakers, panel members, co-authors, etc.

A REQUIREMENT FOR CONTINUING EDUCATION CREDIT IS THAT EACH PRESENTER, SPEAKER, CO-AUTHOR AND/OR PANEL MEMBER LISTED ON THE ABSTRACT MUST PROVIDE THE FOLLOWING INFORMATION: biographical data form, disclosure and content validation declaration, presenter attestation form, and vested interests/conflict of interest statement.

Primary Presenter's Name:

LAST:		FIRST & MI	
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Degrees / Certificates (as you wish them to be listed):

Primary Presenter's Title:

Organization:

Mailing Address:

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Street City ST Zip

Phone		Fax	
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Email (Required)	
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Education (include institutions, degrees, majors):

Speaker/co-author biography (brief description of qualifications to present on the proposed topic):

ALL PRESENTERS, SPEAKERS, CO-AUTHORS AND PANEL MEMBERS ARE REQUIRED TO COMPLETE AND SIGN INDIVIDUAL COPIES OF THE FOLLOWING STATEMENT(S) REGARDING VESTED INTEREST. THESE FORMS MUST BE SIGNED ELECTRONICALLY BY EACH PERSON AND SUBMITTED ELECTRONICALLY TO GPHA AS A COMPLETE PACKAGE WITH THE ABSTRACT SUBMISSION.

**DISCLOSURE
AND
CONTENT VALIDATION DECLARATION**

It is the policy of GPHA to ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational programs. All presenters, speakers, co-authors and panel members participating in any GPHA sponsored programs are expected to disclose to the provider, the planning committee and activity attendees any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education program. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is to identify, during the activity planning stage, any relevant financial relationship posing a potential conflict of interest that you or your spouse/partner have, or have had within the past 12 months. For this purpose, we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours. Any potential conflict should be identified openly so that the provider/planners can take steps to resolve the conflict of interest.

CE ACTIVITY: 84th Georgia Public Health Association Annual Meeting & Conference

TITLE OF PRESENTATION:

PRESENTER'S NAME:

DATE:

ROLE (please mark all that apply):

- Course Director Planning Committee Speaker/Presenter Panelist Moderator
 Peer Reviewer

I have reviewed the policy for managing conflicts of interest and content validation and agree to report any actual or potential conflicts for resolution and agree to present valid content that is accepted within the profession of medicine as adequate justification for these indications and contraindications in the care of patients.

Disclosure is required to inform course participants that an off-label drug use or an investigational device will be discussed. Do you plan to discuss off-label uses of medications or investigational devices during your presentation?

yes no If yes, please describe:

I agree to state in my presentation(s) that I am referencing unapproved drug or devices.

I/my spouse do not have any relevant financial relationships with any commercial interests.

I/my spouse have the following relevant financial relationships.

Nature of Relevant Financial Relationship

Commercial Interest	What was received?	For what role?
Example: <i>Company XYZ</i>	<i>Example: Honorarium (No dollar amts)</i>	<i>Example: Speaker</i>

If additional space is needed attach a separate sheet.

Will any of the relationships identified in the chart above cause the information about healthcare products and services in the CME content you control to be commercially biased? yes no

Signature

Date

[] By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).

*** Check boxes can be marked by double clicking appropriate boxes and click checked under default value; otherwise, just type in shaded area.**

Presenter Attestation Form

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the activity coordinator as soon as possible.

Agree	Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	I have disclosed to GPHA all relevant financial relationships and I will disclose this information to learners verbally (for live activities) and in print.
<input type="checkbox"/>	<input type="checkbox"/>	The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.
<input type="checkbox"/>	<input type="checkbox"/>	I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with GPHA.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that GPHA may need to review my presentation and/or content prior to the activity and I will provide educational content and resources in advance as requested.
Agree	Disagree	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have carefully read and considered each item in this form, and have completed it to the best of my ability.

Signature

Date

[] By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).

*** Check boxes can be marked by double clicking appropriate boxes and click checked under default value.**

Vested Interests of Presenter, Speaker, Panel Members and Author/Co-author
Conflict of Interest Statement

Having an interest in an organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners, faculty and authors must make full disclosure indicating whether the planner, faculty or author and/or his/her spouse family has any relationships with pharmaceutical companies, biomedical device manufacturers and/or corporations whose products or services are related to pertinent therapeutic areas. All planners, faculty, authors and feedback specialists participating in CE activities must disclose to the audience information listed below.

- A. Is there a potential conflict of interest? ___ Yes ___ No
 If yes, list company(ies) with relationship:

Self	Spouse/ Partner	Type of Financial Relationship	Indicate Applicable Manufacturer(s)
[]	[]	Salary	
[]	[]	Royalty	
[]	[]	Receipt of Intellectual Property Rights	
[]	[]	Consulting Fee	
[]	[]	Honoraria Directly from Commercial Interest or Their Agents ¹	
[]	[]	Contracted Research ²	
[]	[]	Ownership Interest (Stocks, Stock Options, or Other Ownership Interest Excluding Diversified Mutual Funds)	
[]	[]	Speakers Bureau	

- B. If YES to item A above, use this space to describe how any conflict of interest will be resolved (e.g. signed policy statement, nurse planner/planning committee member to monitor session, other):

- C. Discussion of unlabeled uses: ___ Yes ___ No

If yes, you must disclose this information during your presentation. How will you do this?

- ___ 1. Verbal statement during the presentation
 ___ 2. Information provided on handouts
 ___ 3. Information provided in audiovisuals (slides, overhead, power point, etc.)
 ___ 4. Other: Describe:

All information disclosed must be shared with the audience either on the program handouts, advertising and/or audiovisual presentation.

Signature: _____ Date: _____

[] By checking this box, I am providing my electronic signature approving all the information entered above. (Please enter name and date on signature and date lines above).

¹An accredited/approved CNE provider is NOT an agent for a manufacturer, whereas a company acting for a manufacturer in a promotional activity IS an agent.

²Only include research funds received directly from industry, grants to your institution are NOT reportable.