



Pennsylvania Therapeutic Recreation Society

2014 Therapeutic Recreation Institute

June 4-6, 2014

2014 Session Proposal Form

This form should be completed by the speaker to provide the information that will be needed to properly plan the proposed session. If this is for a panel session, there should be one form completed for each speaker on the panel. Please use the same session name and submit all proposals in one email. A confirmation letter will be sent to each speaker confirming the arrangements.

****Proposal Submission Deadline: December 31, 2013****

Speaker Information: *(If the session is a panel, please provide one form for each panel speaker)*

Name/Credentials:

Position:

Agency/Organization:

Speaker Address:

City:

State:

Zip:

Daytime Phone:

Cell Phone:

Fax:

Email:

Contacted by:

(2014 TRI Committee Member or other)

Please include: Professional resume/vitae (three page maximum highlighting competency) AND Introductory Bio (100 words or less) with your session proposal form.

Important Topics for individual Sessions Include:

- Therapeutic Programming
- New Treatment Interventions and Strategies
- Development of Recreational Therapy Competencies
- Critical Thinking for the Future of the Profession
- Involvement in Research and Outcomes Measurement
- Access to and Advocacy of the Profession
- Curriculum Development and Higher Education
- Evidence-Based Practice and Outcomes

- CTRS Specialty Certification areas of recognition:
 - Physical Medicine/Rehabilitation
 - Geriatrics
 - Developmental Disabilities
 - Behavioral Health
 - Community Inclusion Services
 - Pediatrics
 - Veterans

Session Information:

Title of Session : Must be descriptive of the session and limited to ten words.

Session Description: Must be descriptive of the session and limited to thirty words. If your proposal is accepted, this is the description that will appear in the program.

AV needs (check all that are needed). **PTRS does not provide laptop computers.**

- | | |
|---|--|
| <input type="checkbox"/> LCD Project and Screen | <input type="checkbox"/> Microphone and One Extension Cord |
| <input type="checkbox"/> Marker Board | <input type="checkbox"/> Flip Chart |
| <input type="checkbox"/> Other (please list): | |

Special Room Set-up requirements: Due to space limitations, we may or may not be able to accommodate specific room set-ups. We will do the best we can!

- | | | |
|--|--|--|
| <input type="checkbox"/> Classroom style | <input type="checkbox"/> Theatre style | <input type="checkbox"/> Other (please specify): |
|--|--|--|

Session Format (please check all that apply):

- | | | | |
|--------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Discussion | <input type="checkbox"/> Panel | <input type="checkbox"/> PowerPoint |
| <input type="checkbox"/> Interactive | <input type="checkbox"/> Highly Interactive | <input type="checkbox"/> Other (please specify): | |

Who is the target audience?

- | | | |
|---|---|--|
| <input type="checkbox"/> Development Disabilities | <input type="checkbox"/> Community Inclusion Services | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> General Programming | <input type="checkbox"/> Adaptive Programming | <input type="checkbox"/> Behavior Health |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Physical Medicine/Rehabilitation | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Culture Change | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Management |

Skill level your session is most relevant for:

- Student
- Entry Level Therapist
- Intermediate
- Advanced

Please indicate the appropriate NCTRC Job Analysis Code:

- Foundational Knowledge (FKW)
- Practice of TR/RT (PTR)
- Organization of TR/RT Service (ORG)
- Advancement of the Profession (ADV)

Additional information can be found on <http://nctrc.org/standardsandpublications.htm>

Outline of Session: Outline should depict specific reference to therapeutic recreation/recreation therapy practice and application to the therapeutic recreation process as appropriate.

Learning Outcomes: Three outcomes should be provided that are measureable and indicated what the audience will learn by participating in this session. "Participants will be able to....":

- 1.
- 2.
- 3.

Will your presentation be provided electronically (by February 28, 2014) for inclusion on a CD or website of conference proceedings? Yes No

PTRS will not be printing hand outs for sessions – all materials should be sent ahead of time to be shared with conference registrants prior to the conference.

PLEASE BE SURE TO COMPLETE EACH SECTION:

Honorarium (for non-PRPS/PTRS members): Yes No N/A
(PRPS/PTRS Members receive a discount off their conference registration, no honorarium)

Date Available to Speak:

Wednesday, June 4, 2014 Yes No
Thursday, June 5, 2014 Yes No

Registration:

Complimentary Conference Registration (daily is offered for one session): Yes No N/A
Complimentary Conference Registration (full is offered for multiple sessions) Yes No N/A

Lodging required: Yes No N/A

Any special dietary or other special needs: Yes No N/A

If Yes, please provide details:

Travel Reimbursement: Yes No N/A

Travel by car – Please indicate roundtrip mileage: *(PA state rate will be paid)*
Travel by air cost:

Notes:

Please submit your proposal and required information as a Microsoft Word attachment via email to:

Wielanda@einstein.edu by December 31, 2013 to receive full consideration. Notification will be sent to all individuals submitting a proposal by March 01, 2014. If you need assistance completing the form, please contact Anne T. Wieland, CTRS, MHA at MossRehab at (215) 663-6405.

Submitted by: _____ Date: _____

Received by: _____ (PRPS Coordinator) Date: _____

For Official Use Only

Approved: Yes No

Approved Honorarium or Conference Daily Comp:

Approved Lodging: # of nights: _____ Dates: _____

Approved Travel Reimbursement Amount and Breakdown: