



Pacific Coast College Health Association (PCCHA) Conference  
Salt Lake City, UT – October 22-25, 2008

## Submission Guidelines

### Primary Presenter Contact Information

The primary presenter is responsible for the timely completion of the Call for Programs application and is the main contact person for PCCHA staff and the Program Planning Committee member who will host the session. It is the primary presenter's responsibility to ensure that the information submitted for the program and for all co-presenters is complete and accurate.

### Primary Presenter Background

This information is required as part of the Continuing Education (CE) review process and allows the Program Planning Committee to determine how relevant the speaker's experience is to the presentation topic.

All speakers are required to disclose any real or apparent conflict(s) of interest and/or any commercial sponsorship (i.e., payment of expenses or honoraria) for his/her program.

### Program Information

#### *Type of Program*

Most sessions are lecture format. If you are planning a panel discussion or a small group breakout session, please indicate this so we can ensure appropriate room set up.

#### *Behavioral Objectives and Content*

A behavioral objective (1) is brief and (2) states the purpose of the presentation in terms of enabling the attendee to do something that can be measured. Therefore the objective should begin with a verb, followed by a short description of what specific task an attendee could expect to perform after participating in the session. These behavioral objectives will be reviewed by the Program Planning Committee and will be printed in the Primary Program the Final Program, and the Evaluation Booklet.

#### *Behavioral Objectives*

- A 60 minute presentation should contain no more than 1-2 behavioral objectives
- Each behavioral objective should contain only one verb from the list provided below
- Behavioral objectives define the expected outcome for the learner within a classroom environment

- Behavioral objectives must be measurable within the time allotted to the classroom setting

*Content*

- Content can be described as the information needed to meet each behavioral objective
- An example of content appears in the sample below

<b>Verbs to Use</b>	<b>Sample</b>
<ul style="list-style-type: none"> <li>• Describe</li> <li>• Explain</li> <li>• Identify</li> <li>• Discuss</li> <li>• Compare</li> <li>• Contrast</li> <li>• Recite</li> <li>• Define</li> <li>• Differentiate</li> <li>• List</li> </ul>	<p>Title: Sleep Deprivation</p> <p>Behavioral Objective #1: Define sleep deprivation</p> <p>Content:</p> <ul style="list-style-type: none"> <li>-degrees of sleep</li> <li>-quantity of sleep</li> <li>-quality of sleep</li> </ul> <p>Behavioral Objective #2: List the consequences of sleep deprivation</p> <p>Content:</p> <ul style="list-style-type: none"> <li>-cognitive deficits and changes in mental status</li> <li>-accidents</li> <li>-decreased quality of life</li> </ul>

*How Behavioral Objectives are Used*

PCCHA works with a number of accrediting organizations to provide continuing education for physicians, nurses, psychologists, and certified health education specialists. National professional organizations that grant this accreditation require that each continuing education session be evaluated by those in attendance. All objectives will be printed in an Evaluation Book and distributed to all registrants requesting continuing education credit. Each person who attends your session will be asked to rate your presentation as to the extent to which the behavioral objective(s) were achieved.

**Co-Presenters**

If there are no co-presenters for your session, skip this form.

Complete this form in it's entirety for each co-presenter. You may submit this for later to add additional co-presenters if necessary. If you need a co-presenter after you have submitted your program, please contact Jim Davis at [jdavismd@cc.usu.edu](mailto:jdavismd@cc.usu.edu).

## **Policy and Terms**

### *Session Length*

Each session is one hour in length. If you need longer period of time, please contact Jim Davis at [jdavismd@ccusu.edu](mailto:jdavismd@ccusu.edu).

### *Registration and Travel Expenses*

All speakers must register for the meeting and pay their own registration fees. All speakers are expected to make their own travel arrangements and pay for their own expenses.

### *Speaker Handouts*

Each conference attendee may request a CD with each speaker's presentation and/or paper included in an Adobe Acrobat format. You will be required to provide an electronic copy of your presentation and/or paper to Jason Gillman one month before the conference. Upon acceptance of your paper, Jason will contact you regarding requirements for your submission.

### *AV Requirements*

If your program is selected, you will receive an audio/visual request form during the summer. This will provide you with further details about available microphones, LCD projectors, and other special equipment



**Pacific Coast College Health Association (PCCHA) Conference**  
**Salt Lake City, Utah – October 22-25, 2008**  
**Program Submission Packet**

**Primary Presenter Contact Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ LastName: \_\_\_\_\_  
Degree(s): \_\_\_\_\_  
Title: \_\_\_\_\_ Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Primary Presenter Background**

Please state your training or experience that establishes your expertise on the proposed topic:-

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Education/degree(s)/certification—Please list any specialty areas that relate to the proposed topic (e.g., PHD in Developmental Psychology, Physician, Nurse, Nurse Practitioner, Health Educator, ect.)

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Publications related to proposed topic:

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Involvement in Professional organizations:

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CHES # (if applicable): \_\_\_\_\_

Awards/honours received:

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**Conflict of Interest**

It is the policy of PCCHA to ensure balance, independence, objectivity, and scientific rigor in all its individually sponsored or joint-sponsored educational programs. All faculty participating in any PCCHA-sponsored programs are expected to disclose to the program audience 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 the pharmaceutical companies, biomedical device manufactures, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so the listeners may form their own judgments about the presentation with a full disclosure of the facts. It remains for the audience to determine whether the speaker’s outside interest may reflect a possible bias in either the exposition or the conclusions presented.

**I have actual or potential conflict of interest in relation to this program or presentation. If yes please answer the remaining questions**

Yes             No

I will be receiving honoraria, reimbursement for expenses, or other financial assistance for this program from an organization other than my place of employment

Yes             No

If you answered yes, what is the name of the organization providing assistance?

\_\_\_\_\_

I have financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation. *Please indicate the type of affiliation below.*

Yes             No

Grant/Research Support \_\_\_\_\_ (Name of organization)  
Speaker’s Bureau \_\_\_\_\_ (Name of organization)  
Major Stock Shareholder \_\_\_\_\_ (Name of organization)  
Other Financial/Material Support \_\_\_\_\_ (Name of organization)

**Program Information**

Please refer to the Submission Guidelines for more information about each of these sections

Program Title: \_\_\_\_\_

Primary Presenter: \_\_\_\_\_ Co-Presenters: \_\_\_\_\_

Type of Program:  Lecture     Panel Discussion     Small Group Breakout

Provide short (75 words) descriptive abstract of your presentation that may be provided VERBATIM in the conference materials. Please be concise and clear with your description: (PCCHA Reserves the right to edit)

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\_\_\_\_\_  
\_\_\_\_\_

Topic Relevance: Why is this session important to college health professionals? Please describe the program's overall content and purpose.

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Audience: Who is the expected learner for your session? (The CE Committee uses this information to help determine CE credit for the program.)

- Physician   Student   Peer Educator   Mental Health Professional  
Health Educator   Administrator   Pharmacist   Advanced Practice Clinician

Behavioral Objectives and Content-Please refer to the Submission Guidelines  
Objective #1

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Content for Objective #1

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Objective #2

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Content for Objective #2

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Objective #3 (not required)

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Content for Objective #3 (not required)

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