

Montana Nurses' Association Convention
"Nurses Making A Difference"
October 2-4, 2008 – Helena, Montana

Deadline for submission is May 9, 2008

Mail abstracts to: *Montana Nurses' Association, Attn: Robert Allen, 20 Old Montana State Highway, Clancy, MT 59634*

PRESENTER CONTACT INFORMATION

The information below must be submitted for each presenter (duplicate as needed). List name with credentials exactly as you want the information to appear in published material.

Presenter Name: _____ Tax ID: _____
Credentials: _____ Employment Title: _____
Employer: _____
Preferred mailing address: _____

Telephone Numbers: Work _____ Home _____ Fax _____
Contact Person (if different): _____ Work Ph: _____
Mailing Address _____ email _____

Title of Session: _____
Presenter _____
Specialty Area of Practice: _____

EDUCATION, begin with the most recent (include basic preparation through highest degree held).

Degree	Institution	Major Area of Study	Year Degree Awarded
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

CURRENT CERTIFICATION (title, expiration dates):

1. _____
2. _____

Have you presented this topic previously at MNA Convention? Yes No Date _____
All presentation time slots: 75 minutes in length

MNA Council on Continuing Education, Provider Unit will review all abstracts. Acceptance notifications will be made June 2008. If your abstract is selected, an honorarium will be available. You will be responsible for travel/ lodging expenses.

All presenters must complete the vested interest form and return with abstract



Montana Nurses' Association
20 Old Montana State Highway
Clancy MT 59634

Vested Interest Disclosure Declaration

CNE Activity Title	
Course #	
Presenter	
Presenters Title	
Affiliation//Dept	
Phone No.	

Financial or Other Relationship(s) Disclosure

(Signature required for A or B)

To comply with the accreditation criteria of the American Nurses Credentialing Center Commission on Accreditation for Continuing Nursing Education (CNE) requires disclosure of any vested interest. The applicant/provider is required to disclose and submit (to the participants before the activity) any significant financial or other relationship(s) that a presenter/planner/content expert has with any manufacturer/provider of products/services to be discussed in the educational activity or with the commercial supporter(s).

The intent of this disclosure is not to prevent a speaker with a significant financial or other relationship from making a presentation, but rather that any potential conflict be identified openly so that attendees can make their own judgments regarding whether the speaker's interests or relationships may influence the representation with regard to exposition or conclusion.

This activity supported by educational grant(s) from:

- A. I do not have any financial or other relationship(s) with the manufacturer/supplier of any products/services to be discussed in this activity or with the commercial supporter(s).

Signature _____ Date: _____

- B. I do have financial or other relationship(s) with the manufacturer/supplier of any products/services to be discussed in this activity or with the commercial supporter(s).

✓	Type of Relationship	Name of Company
	Grant/Research Support	
	Consultant	
	Speakers' Bureau	
	Major Stock Shareholder	
	Other Financial or Material Support	

If "other financial or material support" is indicated, please describe _____

Signature _____ Date: _____

FDA Status Disclosure (Signature Required)

When an unlabeled use of a commercial product, or an investigational use not yet approved, is discussed during an educational activity the accredited provider shall require the presenter to disclose the FDA status to the participants. List the devices and/or drugs and check (✓) status: I = Investigation; UL = Unlabeled Use.

Device/Drug	I	UL	Device/Drug	I	UL

- I will not be discussing any unlabeled or investigational uses.

Signature _____ Date _____

SESSION DOCUMENT FORM

Complete this form for Convention selection consideration.

Title: _____ **Date/Time:** _____

MEASURABLE OBJECTIVES	CONTENT	TIME FRAME	FACULTY	TEACHING STRATEGIES
List objectives in operational/behavioral terms. 3 objectives are most achievable in a 50 minute time block.	List each topic area to be covered and provide a detailed outline of the content to be presented for each objective listed.	State the time frame for the topic area.	List the speaker for each topic.	Describe the teaching strategies used for each topic. <input type="checkbox"/> Lecture & Discussion <input type="checkbox"/> Video <input type="checkbox"/> Slides <input type="checkbox"/> Overheads <input type="checkbox"/> Return Demo <input type="checkbox"/> Other _____

FOLLOW STANDARD CALCULATION FOR CONTACT HOURS IN ABOVE DOCUMENT:

$$\underline{65 \text{ minutes content} + 10 \text{ minutes evaluation}} = 1.25 \text{ C.H.}$$