



Florida Health Care Activity Coordinators Association

**Call for Papers Speaker Packet for the
45th Annual FHCACA State Conference**



July 28-31, 2019

Hilton Daytona Beach Oceanfront Resort
100 N Atlantic Ave., Daytona Beach, FL 32118
(386) 254-8200

Missed deadlines and incomplete application will disqualify speaker for consideration.

This completed packet must be received by: January 15, 2019

Confirmation of acceptance or denial will be made after: March 30, 2019

INVITATION

You are cordially invited to respond to the 2019 FHCACA State Conference Call for Papers. If you/your company would like to be considered to present an education session at the 45th Annual FHCACA Conference in Daytona, Florida, please complete this packet in its **entirety**, following directions.

The Call for Papers offers members/companies the opportunity to submit written proposals for continuing education programs to be offered at this conference. These sessions are open to all conference registrants in attendance, and focus on topics and issues affecting providers, residents, and the activity profession. You are encouraged to submit an application on any relevant subject.

If you are selected as a presenter:

- You have the opportunity to contribute to the activity profession.
- You gain visibility and credibility with hundreds of activity professionals, leaders, providers and members.
- You receive marketing exposure to the membership of FHCACA members statewide. FHCACA has 16 Districts. This is a great-targeted market for your speaking exposure.
- You have the opportunity to network with attendees, conference guests and other presenters, making invaluable contacts.

If you are NOT selected as a presenter, your submission may be kept on file for further consideration, with the exception of your handouts, which will be DESTROYED.

If one or two of a speaker's sessions are selected, you will be eligible to register for Conferences at the discounted rate of \$100.00 (limited to no more than two speakers per session). If three or more of a speaker's sessions are selected, you will receive a full complimentary registration. If you plan on attending the conference you will be required to REGISTER FOR CONFERENCE so we have an adequate head count. This special registration includes all conference activities and functions with the EXCEPTION of Tours, Pre-Conference and Post Conference Sessions and the SPEAKERS MUST send in registration form and fee if applicable for the conference no LATER than one month prior to conference to confirm their attendance. (No Exceptions)

FHCACA does not pay an honorarium, or reimburse for meals, lodging or transportation unless you are chosen as a Keynote/Endnote, Pre-Conference or Special Contract Speaker. FHCACA does not reimburse expenses or provide admission to conference activities for family members, assistants or guests who accompany a speaker.

SELECTION OF SPEAKERS

All proposals will be reviewed and evaluated by a selected committee of FHCACA members. Topics and Speakers will be chosen utilizing the following criteria:

- Topic must be relevant to activity programming in settings with primarily geriatric focus, or pertain to personal growth/professional development.

- Speaker must be available on any of these dates: **July 28-31 2019** Proposed session must be at least ninety (90) minutes in length.
- Qualifications/credentials of speaker.
- Education/Academic preparation of speaker.
- A minimum of two written letters of reference.
- **Submission application *Must* be completed fully. Submission format should be strictly adhered to.**

If your proposal is accepted for the **2019** Conference, written confirmation will be provided along with pertinent session date information **after April 15, 2019.**

- Chosen session topics ***MUST*** be what is presented at the conference. Changes in content, speakers, or session outlines are not allowed due to stringent education approval requirements. **There cannot be any deviation from the original proposal.**
- Speakers are asked to refrain from marketing personal products or services ***during*** their presentation.
- Speakers should plan their schedule in order to “meet and greet” attendees of their session, and remain for a few minutes afterwards to answer any questions.
- Speakers should dress in a professional manner.

SUBMISSION APPLICATION

Please type the following on the **first page** of your submission.

Title of Presentation: *(Limit of 65 characters; should be descriptive of content.)*

Program Objectives: *(List objectives in behavioral terms: specific, solution-oriented learning abilities. Limit 1-3 objectives.) Example: “By completion of this session the learner will be able to...”*

Start with an action verb that describes a specific behavior or activity by the learner. Examples of action verbs: define, describe, list, name, state, demonstrate, administer, write, etc.) Submissions not following these objective guidelines will not be accepted. **Speaker:** *(Please list name and credential initials as you want them to appear in the conference program. If more than one speaker, list contact person first)*

• **Name • Job Title • Address, City, State, Zip Code • Work Phone • Home Phone • Fax / Email**

Program Description: *(Limit to 50 words)*

*Please provide a description of your proposed session, suitable for use in promotional mailings and conference program. **Session description and content cannot be changed once it has been accepted.***

Please type the following on the **second page** of your submission.

Speaker Credentials:

- Attach a **One-Page** resume’ or brief vitae outlining your speaker credentials and relevant experience.
Education/Academic preparation must be included. Please indicate if you have experience in settings primarily geriatric in focus.

Please type the following on the **third page** of your submission.

Speaker information:

- *Attach a short introduction for you and your presentation. The introduction should set the tone for your speech. The session Monitor will utilize this introduction at the start of your session. (Introduction subject to editing by FHCACA.)*

No more than 100 WORDS PLEASE.

Please attach the following to the **fourth page** of your submission.

- *Provide two written professional references:
(1) One organization where you have presented sessions or taught.
(2) One personal reference*

Both references must address the presenter's qualifications, abilities, and effectiveness. References must be typed on business and/or professional letterhead and should include: Name, Title, Organization, Address, City, State, Zip Code, Phone Number (home and work), and Fax Number.

Please type the following on the **fifth page** of your submission.

Track: (Check all that apply, but please do not automatically check all!)

- | | | |
|---|--|--|
| <input type="checkbox"/> Long term Care | <input type="checkbox"/> Short Stay/Rehab | <input type="checkbox"/> Assisted Living |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Adult Day Services | <input type="checkbox"/> Sub-Acute |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Senior Citizen Center | <input type="checkbox"/> Other (please list) |

Target Audience: (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Activity Professional | <input type="checkbox"/> Consultant/Educator | <input type="checkbox"/> 5 years' experience or less |
| <input type="checkbox"/> 5 years' experience or more | <input type="checkbox"/> Other (please list) | |

Type of Presentation: (Check all

that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Panel Discussion | <input type="checkbox"/> Case Study |
| <input type="checkbox"/> Role Playing | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Questions and Answers |
| <input type="checkbox"/> Other (Check all that apply) | | |

Room Arrangements: (Check all that apply.)

Please indicate preferred meeting room set-up (set-up is determined by room and audience size – specific preferences may not be able to be accommodated and **ARE NOT GUARANTEED**).

Speakers are not permitted to change meeting room set-up!

- | | | |
|--|----------------------------------|--------------------------------|
| <input type="checkbox"/> Classroom Style | <input type="checkbox"/> Theatre | <input type="checkbox"/> Other |
|--|----------------------------------|--------------------------------|

Audio/Visual Requirements:

FHCACA will provide the following equipment in each session: **table, lavalier microphone, overhead projector and screen.** No other requests will be honored on-site at your session. **The speaker must pay for additional equipment.** Additional Audio/Visual equipment may be ordered through Professional Development Chair. Contact **Nancy Hawk at (863) 402-4710.**

Additional Requests/Special Needs:

Please indicate whether you have any disabilities or limitations that would require special arrangements. *(Give details regarding necessary arrangements.)*

REPLACEMENT DETAILS

In the event of an illness or emergency, **you must notify** the Professional Development Chair **IMMEDIATELY**. You will be responsible for suggesting a qualified substitute on a similar topic, subject to **FHCACA’s approval** of said speaker.

HANDOUT MATERIALS

FHCACA agrees to duplicate handout material (up to 4 pages – both sides) for speakers. Speakers may bring or mail their handouts.

HANDOUTS MUST BE SENT IN WITH THE APPLICATION SUBMISSION.

Will you be using written handouts in your session? Yes No

Original(s) included with this submission? Yes No

I have read the enclosed material, including the speaker expense policy. I understand and agree to comply with the outlined guidelines.

Speaker’s Signature _____
Date _____

Credentials _____

You will receive a confirmation letter. Please note that the information you will need for completing your presentation is included. Please complete, sign and **Return by mail** the requested Information by **April 15 2019**.

Professional Development Chair – FHCACA

Nancy Hawk, AP-BC

1005 Dewitt Street

Sebring Florida 33872

Phone: (863) 402-4710

Email: ActivitiesDistrict3@yahoo.com

When emailing questions, please put in subject line-Conference

FAXED OR EMAIL SUBMISSIONS WILL BE ACCEPTED!