



## Call for Presentations

### Submit a Presentation Proposal Today!

Share your expertise at the AAPA's 33<sup>rd</sup> Annual Physician Assistant Conference in Orlando, Florida, May 28-June 2, 2005.

- Offer interactive case studies
- Provide lists of clinical pearls
- Discuss the latest cutting edge procedures or treatment options
- Provide a thorough review for individuals preparing for the certification or recertification process
- Demonstrate and facilitate hands-on practice of various techniques, clinical skills, or behaviors
- Enhance your professional standing and add to your curriculum vitae

Either as an individual or as part of a group, you can become one of the PA profession's recognized experts. To ensure that a balanced conference CME program is offered, all submissions are reviewed and evaluated by a committee of your peers. The evaluation process is competitive – less than a third of all submissions will be accepted.

- All physician assistant speakers, panelists, workshop assistants, workshop instructors, and workshop chairs must be current members of the American Academy of Physician Assistants at the time of participation.
- Presentations and workshops are scheduled throughout the AAPA's 33<sup>rd</sup> Annual Physician Assistant Conference (Saturday, May 28-Thursdays, June 2, 2005). Please do not submit a proposal unless you are able to appear on any day of the conference.
- Complete the submission form online: <http://www.formsite.com/aapa/form464408037/index.html>
- Or, you may complete and mail the attached form. Illegible proposals will not be evaluated. If preparing your proposal on a computer, you may substitute the official AAPA Call for Presentations with one you prepare, but all information must appear in the correct order and follow stated limits.
- Sales pitches for products or services disguised as CME proposals will be eliminated.
- Mailed proposals must be received by AAPA no later than September 20, 2004; all mailed proposals must include one original and three (3) copies to be considered.
- Presentations range in length from 45 minutes to three hours, depending upon content. You must indicate your minimum and maximum time request.
- Audiences range in size from 50-2,000.
- All speakers, workshop instructors, and workshop chairs will receive an honorarium and complimentary conference registration. (Travel and additional expenses are negotiated on a case-by-case basis.)
- Bonuses will be offered to those presenters who meet the deadlines for both audiovisual orders and electronic syllabus submissions.
- Conference presenters earn AAPA Category I CME credit in return for their teaching. (Please consult AAPA CME staff for details on how to log those hours. Presentations given multiple times may be claimed only once per year, for CME purposes.)

**ALL PROPOSALS ARE DUE SEPTEMBER 20, 2004. You will receive acknowledgement of receipt of your proposal.**

## Therapeutic Areas

**CME and Workshop Proposals should fall into one of the following list of therapeutic categories. The AAPA Conference Education Program Committee has identified these areas to assist attendees as they make their CME choices.**

Using the identified therapeutic categories, presentation or workshop proposals must: Provide a review of accepted/best practice; or highlight late-breaking, cutting edge, or innovative ideas in the category.

<b>ALRG</b>	Allergy/immunology	<b>NUTR</b>	Nutrition
<b>ALTE</b>	Alternative/complementary medicine	<b>OBGY</b>	Obstetrics/gynecology
<b>ANES</b>	Anesthesia	<b>OCCU</b>	Occupational medicine
<b>CARD</b>	Cardiology	<b>ONCO</b>	Oncology
<b>CCME</b>	Critical care medicine	<b>OPHT</b>	Ophthalmology
<b>COMM</b>	Communications	<b>ORTH</b>	Orthopedics
<b>DERM</b>	Dermatology	<b>PALL</b>	Palliative medicine
<b>DIVR</b>	Diversity	<b>PEDS</b>	Pediatrics
<b>EDUC</b>	Education/research	<b>PHAR</b>	Pharmacotherapeutics
<b>ENTH</b>	Ears, nose, throat	<b>PREV</b>	Preventive medicine
<b>EMER</b>	Emergency medicine	<b>PSYC</b>	Psychiatry
<b>ENDO</b>	Endocrinology	<b>PULM</b>	Pulmonology
<b>ETHI</b>	Ethics	<b>QUAS</b>	Quality assurance
<b>GAST</b>	Gastroenterology	<b>RADI</b>	Radiology
<b>GENE</b>	Genetics	<b>REHB</b>	Physical medicine/rehabilitation
<b>GERI</b>	Geriatrics	<b>REIM</b>	Reimbursement issues
<b>HEMO</b>	Hematology	<b>RHEU</b>	Rheumatology
<b>HIVA</b>	HIV/AIDS	<b>RKMG</b>	Risk management
<b>HPOL</b>	Health policy	<b>ROLE</b>	Role of a PA
<b>INFD</b>	Infectious diseases	<b>SUBA</b>	Substance abuse
<b>LABM</b>	Laboratory medicine	<b>SURG</b>	Surgery
<b>LEGI</b>	Legislative issues	<b>TECH</b>	Technology
<b>MALP</b>	Malpractice issues	<b>TRAU</b>	Trauma
<b>MISC</b>	Miscellaneous	<b>TRAV</b>	Travel
<b>NEPH</b>	Nephrology	<b>UROL</b>	Urology
<b>NEUR</b>	Neurology	<b>WS</b>	Workshop (small group, hands-on)

## Selection Criteria

Be sure to answer the following questions within your presentation proposal. Your proposal will be judged on the following selection criteria:

- Is the information presented relevant and significant to a PA's practice?
- Are the concepts introduced useful and practical? Balanced? Accepted practice? Cutting edge?
- Is the scope of the presentation appropriate to the requested time limitation?
- Is the instructional design creative, allowing for interaction among the participants?
- Is there demonstrated knowledge of the subject matter?
- Is the material presented logically?
- Is there an effective use of audiovisual and multimedia equipment?
- Is the scope appropriate for the physician assistant audience (years in practice, general, specialty)?

# PROPOSAL

ALL PROPOSALS ARE DUE SEPTEMBER 20, 2004

Submit your proposal by mailing this original form and three copies or submit online at [www.formsite.com/aapa/form935602092/index.html](http://www.formsite.com/aapa/form935602092/index.html)

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PRESENTATION TITLE

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PRIMARY SPEAKER/CHAIR

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PRIMARY THERAPEUTIC CATEGORY

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SECONDARY THERAPEUTIC CATEGORY

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TERTIARY THERAPEUTIC CATEGORY

**AUDIENCE SPECIALTY EXPERIENCE:** (check one)

- Less than 5 years in current specialty
- 6-10 Years in current specialty
- 11-20 Years in current specialty
- More than 20 years in current specialty

**AUDIENCE LEVEL:** (check one)

- General (suitable for all)
- Advanced (most suitable for specialty experienced PAs)

**INSTRUCTIONAL METHOD:** (check one most appropriate)

- lecture with discussion
- panel discussion
- small group discussion
- case presentation
- roundtable
- hands-on workshop
- OTHER** (please provide detailed explanation):

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**LENGTH OF TIME REQUIRED:**

- Minimum 60 minutes (1 hour)
  - Minimum 90 minutes (1.5 hours)
  - Minimum 120 minutes (2 hours)
  - Minimum 150 minutes (2.5 hours)
  - Minimum 180 minutes (3 hours)
  - Minimum 210 minutes (3.5 hours)
  - Minimum 240 minutes (4 hours)
  - Other (please provide detailed explanation):
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**LEARNING OBJECTIVES** (Complete this sentence, "At the conclusion of this presentation, participants will be able to..."):

- 1.
- 2.
- 3.

**PROGRAM DESCRIPTION** (75-100 words describing session content and format. Be as specific as possible.) Descriptions are subject to editing for use in the final program. Workshop requests should include a list of ALL equipment and supplies required for a successful workshop. In addition, workshop requests must include a proposed floor plan for a successful workshop.

**PROGRAM OUTLINE:**

A one-page outline of your presentation is required. Please attach your outline to this proposal.

**TELL US ABOUT YOURSELF:**

Have you or one of your co-presenters given this specific presentation at another conference?

- YES  NO

If yes, please specify where and when?

**Attach a current copy of curriculum vitae for all suggested presenters.**

Submit your proposal by September 20, 2004 to:  
AAPA's 33<sup>RD</sup> Annual Physician Assistant  
Conference

Attention: Conference Education  
950 North Washington Street  
Alexandria, Va 22314-1552

[shelley@aapa.org](mailto:shelley@aapa.org)

**PRIMARY SPEAKER:**

NAME

AAPA MEMBER NUMBER

TITLE

ORGANIZATION (E.G., PRACTICE NAME, INSTITUTION)

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

E-MAIL

SIGNATURE

**CO-PRESENTER #2:**

NAME

AAPA MEMBER NUMBER

TITLE

ORGANIZATION (E.G., PRACTICE NAME, INSTITUTION)

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

E-MAIL

**CO-PRESENTER #1:**

NAME

AAPA MEMBER NUMBER

TITLE

ORGANIZATION (E.G., PRACTICE NAME, INSTITUTION)

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

E-MAIL

**CO-PRESENTER #3:**

NAME

AAPA MEMBER NUMBER

TITLE

ORGANIZATION (E.G., PRACTICE NAME, INSTITUTION)

ADDRESS

CITY, STATE, ZIP

PHONE

FAX

E-MAIL

*Prior to finalization of the CME agenda, AAPA will correspond with the primary speaker only. Please list yourself as the primary speaker and list any co-presenters. Please remember that all PA speakers, panelists, workshop assistants, workshop instructors, and workshop chairs must be current members of the American Academy of Physician Assistants at the time of participation.*