



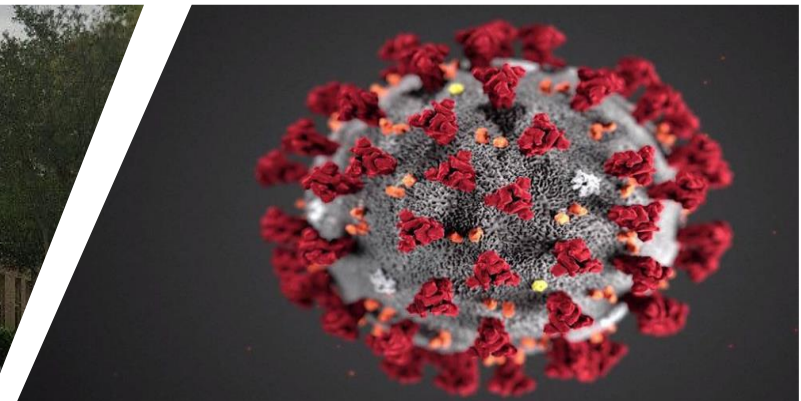
2022 Preparedness Coalition Symposium

November 2nd-4th, 2022

Presentation Submission Guidelines and Materials

Galveston Island Convention Center at the San Luis Resort

SouthEast Texas Regional Advisory Council is approved as a provider of nursing continuing professional development by Louisiana State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. LSNA Provider No. 4003211



Speaker Guidance

Thank you for your interest in presenting at the 2022 Preparedness Coalition Symposium! Please review the following information if you plan to submit a proposal.

General Information

SETRAC and the Regional Healthcare Preparedness Coalition (RHPC) is accepting presentation proposals for their 13th Annual Preparedness Coalition Symposium. We welcome submissions on presentations from a wide variety of emergency management-related topics. Also, speakers with diverse backgrounds and experience levels are invited to submit proposals. Multiple submissions are welcome.

Proposal Submissions

Complete the following Speaker packet. Submit the entire packet for symposium committee review to Lisa Spivey, RHPC Symposium Committee, via email at speakers@setrac.org. The deadline to submit a proposal is August 12, 2022. Those who have submitted proposals will be notified of their acceptance status no later than September 2, 2022. **Additional guidance on registration and presentation details will be provided to the chosen speaker(s) at the time of confirmation.**

Presentation Session Details

Breakout Sessions are 50 minutes in length. Room setup for each session will be classroom style. Standard audiovisual (AV) equipment will be provided in each room including a laptop, projector, presentation remote, screen, and microphone. Please provide any additional AV needs on the AV Requirements Form.

Speaker Registration

The Preparedness Coalition Symposium registration fee will be waived for the selected speaker. If your packet is submitted by a panel, the first two presenters' registration fees are waived, **additional speakers will be charged a discounted registration fee of \$150.00 and are responsible for their hotel and travel expenses.** If on a panel, ALL SPEAKERS must complete the speaker packet. If selected as a speaker, we will register you as a speaker.

Non-Commercial Nature of Sessions

The Southeast Texas Regional Advisory Council is committed to presenting CE activities that promote improvements or quality in health care and are independent of the control of commercial interest. Speakers will refrain from the use of brand names or specific product endorsements. Presentations are not to be used as a means of promoting any product or service.

Additional Information

Please direct any speaker-related or submission questions to Lisa Spivey, RHPC Symposium Committee, via email at lisa.spivey@setrac.org or phone 281-822-4446.



2022 SPEAKER PACKET

SESSION TITLE:	
SESSION DESCRIPTION:	
LEARNING OBJECTIVES:	1.
	2.
	3.

LEAD PRESENTER INFORMATION:	First, Last Name:	
	Organization:	
	Title:	
	Email:	
	Phone:	
LEAD PRESENTER BIO:		

Co-Presenters:

	Name	Email	Phone
Complimentary Registration:	1.		
**Registration Fee Applies:	2.		
**Registration Fee Applies:	3.		

*****Registration fee is \$150.00 per additional speaker; the additional speaker will be responsible for their hotel and travel.***

AV Requirements

Breakout session rooms will contain **one** of each of the following items for use during presentations.

- Laptop
- Projector
- Screen
- Presentation Remote
- Microphone

If additional or special items are needed for your session, include your audiovisual requirements in the form below. Please be as specific as possible so that the Symposium staff may be better able to meet your request. Keep in mind that if you have multiple presenters in your session, you should consider requesting additional equipment.

I request that additional AV equipment be provided for my session at the 2022 Preparedness Coalition Symposium.	
Name:	
Title of Presentation:	
Additional Equipment Needed:	
For Symposium Staff Only	
Session Date/Time:	
Session Location:	

Disclosure Form

Title of Educational Activity: _____

Educational Activity Date: _____

Role in Educational Activity: (Check all that apply)

- Nurse Planner
- Content Expert
- Faculty/Presenter/Author
- Content Reviewer
- Other – Describe: _____

Section 1: Demographic Data

Name with Credentials/Degrees: _____

Phone Number: _____ Email Address: _____

Current Employer and Position/Title: _____

Section 2: Conflict of Interest Disclosure

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

****Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships***** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

*****Relevant relationships***, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.

- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

* **All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name and Credentials (Required)

Date