

**2017 Call For Proposals
HPCFM Annual Education Conference
November 8-9, 2017**

Welcome to the HPCFM 2017 Call for Proposals

Thank you for your interest in presenting a workshop at the 2017 HPCFM Annual Education Conference. Your responses to this Call for Proposals will help the Conference Planning Committee to evaluate your proposal.

By submitting a workshop proposal, the applicant is aware of his/her obligations as a presenter.

To be considered, proposals must be submitted online using the application that follows. If submitting more than one proposal, you must submit a separate application for each workshop. Once started, the CFP application must be completed in its entirety. If you close the application before completion, you will have to start again.

A few tips before you get started:

- The length of the workshop is 75 minutes, including any time allocated for questions
- The maximum number of presenters per workshop is two; each proposal must designate only one primary presenter.
- Workshop proposals must include at least 3 measurable objectives and no more than 5 measureable objectives.
- HPCFM does not pay an honorarium or reimburse presenters responding to the CFP for hotel, travel or per diem expenses.
- The deadline for submitting a proposal is June 3rd, 2017.

Please contact Betsy Watt at HPCFM, bwatt@hospicefed.org if you need more information.

Thanks again for submitting a proposal for the 2017 HPCFM Education Conference

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Begin CFP

* 1. What is the title of the proposed workshop? Title should inform the reviewer of the subject matter.

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Primary Faculty Presenter

This person will be the primary contact for all communication between presenter(s) and HPCFM. In the event that there are two faculty presenters, the Primary Faculty Presenter is responsible to communicate all pertinent information with Second Faculty Presenter. PLEASE NOTE that all conference communication is based on the information input here; accuracy of these details is critical as this information will inform the CEU granting institutions as well as the printed brochure.

* 2. Primary Faculty Presenter

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

* 3. What is your current professional title?

* 4. Education - Information collected here is transferred to the application for CEUs. Please complete all education details. This section must be complete in order for your proposal to be reviewed by the committee.

Professional Licenses/Credentials (e.g. CHPN, CCLS)

Undergraduate degrees (e.g. RN, BA)

Graduate (e.g. MSN, MSW)

Post-Graduate

Technical School

Other

NA

* 5. Describe the experience and expertise that qualifies you to present the proposed workshop.

6. The maximum number of presenters per workshop is two.

Is there a second faculty presenter for the above referenced workshop? If yes, you will be directed to complete all information for second presenter.

Yes

No

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Second Faculty Presenter

* 7. Second Faculty - The Primary Faculty assumes the responsibility to communicate conference information to Second Faculty. Accuracy of information is critical as this information will inform the CEU application as well the printed brochure.

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

* 8. What is your current professional title?

* 9. Education - Information collected here is transferred to the application for CEUs. Please complete all education details. This section must be complete in order for your proposal to be reviewed by the committee.

Professional Licenses/Credentials (e.g. CHPN, CCLS)

Undergraduate degrees (e.g. RN, BA)

Graduate (e.g. MSN, MSW)

Post-Graduate

Technical School

Other

NA

* 10. Describe the experience and expertise that qualifies you to present the proposed workshop.

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Audience

* 11. Primary Audience - Who will benefit MOST from attending this workshop? Check only one.

- Administration/Management/Leadership
- Bereavement Counselors
- CEOs
- Clinical Staff
- Hospice & Palliative Care Nurses
- Hospice Medical Directors
- Hospice Home Health Aides
- Human Resources
- Nurse Practitioners
- Palliative Care Professionals
- Physicians
- Physician Assistants
- QAPI Professionals
- Social Workers
- Spiritual Care/Chaplains
- Volunteer Coordinators
- Volunteers

Other (please specify)

* 12. General Audience - Who will also benefit MOST from attending this workshop? Check all that apply and/or add others not listed.

- Administration/Management/Leadership
- Bereavement Counselors
- CEOs
- Clinical Staff
- Hospice & Palliative Care Nurses
- Hospice Medical Directors
- Hospice Home Health Aides
- Human Resources
- Nurse Practitioners
- Palliative Care Professionals
- Physicians
- Physician Assistants
- QAPI Professionals
- Social Workers
- Spiritual Care/Chaplains
- Volunteer Coordinators
- Volunteers

Other (please specify)

* 13. Provide an abstract for the proposed workshop. Abstract should be a maximum of 2-3 sentences describing the session, including the presentations level - proficient/intermediate or expert/advanced.

Each workshop runs for one hour and fifteen minutes (75 minutes).

Measurable goals and objectives are of critical importance for CEU approval. Proposed workshops must be accompanied by at least 3 measurable objectives with a limit of 5 measurable objectives. (Workshops may have more than 5 objectives, however a maximum of 5 will be presented for CEU approval.)

* 14. List the objectives for the proposed workshop.

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

* 15. Describe the content for each objective for the proposed workshop.

Objective 1/Content

Objective 2/Content

Objective 3/Content

Objective 4/Content

Objective 5/Content

* 16. Describe the teaching methods and faculty (if more than one presenter) for each objective for the proposed workshop.

Objective 1/ Teaching Method/Faculty

Objective 2/ Teaching Method/Faculty

Objective 3/ Teaching Method/Faculty

Objective 4/ Teaching Method/Faculty

Objective 5/ Teaching Method/Faculty

* 17. The workshop time length is 75 minutes. Please list the amount of time dedicated to each objective, teaching method. Time in minutes must equal 75 minutes.

Objective 1/Time in Minutes

Objective 2/Time in Minutes

Objective 3/Time in Minutes

Objective 4/Time in Minutes

Objective 5/Time in Minutes

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Complete!

Thank you for submitting a workshop proposal for the 2017 HPCFM Annual Education Conference!

NO AUTOMATIC CONFIRMATION WILL BE SENT AT THIS TIME An email confirming receipt along with a copy of your proposal as submitted will be sent within a few days.

You will be contacted by a member of the Conference Planning Committee after the review process is complete in July.

Each approved presenter must complete a Conflict of Interest form upon acceptance/approval via email.

Any questions? Please contact Betsy Watt, HPCFM, bwatt@hospicefed.org or 781-255-7077.

Thank you.