

**Kansas State Nurses Association
Presenter's Proposal Application for Educational Event**

Speaker Information

Applicant's Name & Credential (for listing in program): _____
Street or Mailing Address: _____
City, State, Zip: _____
Daytime Phone: _____ Evening Phone: _____
Email Address: _____ Website (if applicable): _____
Have you ever presented at a KSNA event? ___ Yes ___ No

Workshop Information

Title of Presentation: _____
Preferred Presentation Day & Time: _____
Name of Primary Presenter: ___ Self _____
Name of Co-presenter(s): ___ Other _____
Target Audience (check any/all): ___ Practice Nurses ___ Nurse Educators ___ New Graduates
Workshop Track (prioritize): ___ Nursing Practice/Research Issues
 ___ Professional Roles in Nursing

Presentation Format: ___ Didactic ___ Panel ___ Interactive ___ Combination
A/V Media Needs*: ___ Flip Chart/Easel ___ Screen ___ Projector ___ Lap Top ___ Elmo

*Note: any PowerPoint presentation must be provided by the presenter to KSNA in electronic format by Monday, October 17, so that it is available online to event attendees and/or copies can be made.

List at least one specific and measurable learning outcome. Learning outcomes are not objectives. Learning outcomes must be measured as part of the presentation evaluation. Examples: "Learners will self-report an intention to integrate knowledge gained into current practice" or "Learners will self-report an increase in knowledge about ..."

Brief description of workshop (30 words and attach outline with two or three key references, current, relevant to your proposed topic)

Brief presenter biography (50 words) and attach CV:

Please provide an electronic photo in jpeg format of the presenter(s) for the event program.