

**Office of
Mental Health**

Announcing a
Call for Abstracts & Posters

**9th Annual Collaborative APNA-NYS, the New York Chapter of the
American Psychiatric Nurses Association (APNA-NYS) &
NYS Office of Mental Health Chief Nurse Officers Conference**

June 15th & June 16th, 2017

in

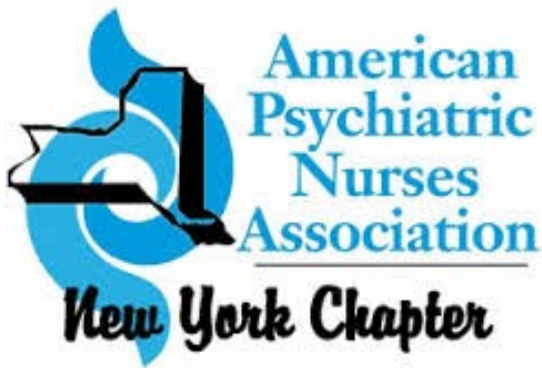
Saratoga/Malta, New York

*“The Value of Psychiatric Nursing:
Innovation and Leadership”*

Proposals are due by the close of business on [January 20th, 2017](#)

The 2017 Annual Conference will be held at Hyatt Place - Malta, Saratoga Springs, NY on June 15th & 16th, 2017. The New York Chapter of APNA is calling for workshop proposals, abstracts and posters that contain current and relevant information addressing issues that are currently facing our profession, including, but not limited to:

- APGs, ACOs, Bundled Payment, Value Based Purchasing, etc
- Electronic Medical Records/meaningful use
- Best Practice/Evidence-Based Treatment Approaches
- Co-occurring Treatment/ Integrated Care
- Clinical Supervision
- Gambling
- Substance & Tobacco Use
- Specific populations (i.e., Veterans, LGBT, Forensics)
- NYS Nurse Practice Act/Scope of Practice
- Career Ladder
- Suboxone/Medication Management



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How will presenters be selected?

The Conference Committee will accept call-for-presenter applications until the close of business on January 20th, 2017. Applications will be selected per the following criteria:

- A. All sections of the application are complete.**
- B. Presentation description is clearly written.**
- C. Learning objectives are clearly stated.**
- D. Session structure and organization are clearly defined.**
- E. Presenters have sufficient experience and knowledge of the subject matter.**

- The conference committee will consider proposals for 60 or 90 minute sessions. Because the conference committee will select a limited number of proposals, please assure that you do not have a scheduling conflict if your proposal is selected.
- Presentation rooms will hold up to one hundred-fifty (150) people depending on space configuration.
- Projection screens will be provided by the Hyatt Place. Other equipment (i.e., laptop, projector) can be made available. ****Please see below****
- Invited presenters will be granted complimentary registration to the Conference and lodging for one (1) night, but will be responsible for their own meals and other travel.

How will I know if I've been selected?

The Program Committee will contact chosen presenters by email (or by phone if no email address is available) by February 3rd, 2017. It is expressly understood that the presentation may be scheduled at any time on any of the conference dates at the discretion of the conference organizers. Please state if you have a day preference and your request will be considered if possible.

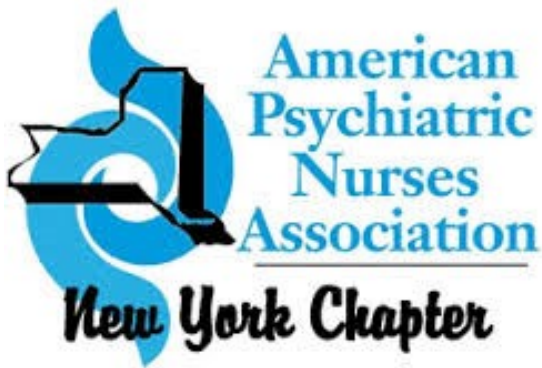
Note: All copies of handouts and materials must be submitted by **March 15th, 2017**, for inclusion in the conference proceedings manual. If presenters wish to distribute additional materials, they are the responsibility of the presenter.

****Presenters will be expected to sign an agreement to present if chosen to be a presenter at the conference****

PROPOSAL DUE DATE: By the close of business on January 20th, 2017

Please complete the following form and return it by e-mail to wwillis24@aol.com with **“Presentation Submission”** in the subject line.

Mail submissions may also be sent to: APNA-NYS, 2113 Western Ave. Ste 6, Guilderland, New York 12084.



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*“The Value of Psychiatric Nursing:
Innovation & Leadership”*

9th Annual APNA-NYS Conference

Call for Presenters

Form and Instructions

Application Deadline: January 20th, 2017

PART I: Presenter Information (If more than one presenter, designate lead presenter and provide complete contact information for each presenter. List only those presenters who will attend and present at the conference.)

Presenter Name:

Credentials:

Institution / Company:

Address:

City:

State:

Zip code:

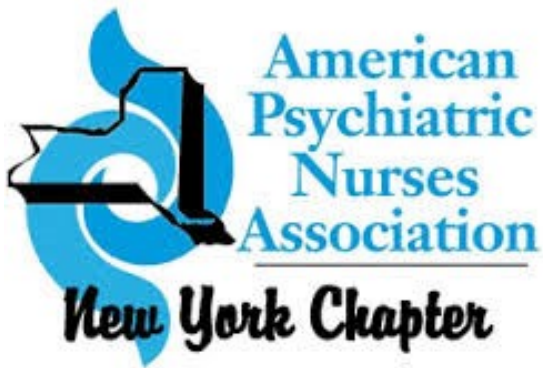
Daytime Phone:

Evening Phone:

Fax:

E-mail address:

Web site:



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Biographical information for each presenter: (Maximum 50 words. Include institution/company, position/title and related experience).

PART II: Presentation Information

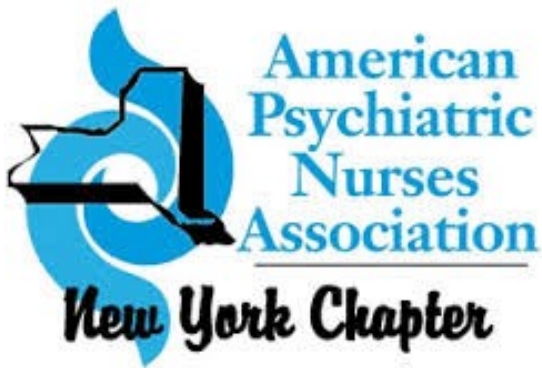
Presentation Title

Summary of Presentation

(The summary may be of any length, in narrative or outline form, and should provide clear explanation of what you will be talking about in your session. This information will be used by the conference committee in the proposal selection process)

Description of the Presentation

(Maximum 50 words. The description will appear in the conference brochure and will aid participants in choosing sessions)



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Learning Objectives

(An explanation of what you want the participants to learn from your session. These need to be written in measurable and observable goals. For example: The participant will be able to.... You may have to list more than one goal to cover your session content.)

Primary topic area presentation addresses

*(**check only one area.** If the presentation will address more than one area, select the area of primary importance).*

- | | |
|--|---|
| <input type="checkbox"/> Reimbursement | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Co-occurring Disorders | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Current Research and Outcomes | <input type="checkbox"/> Alternative Therapies |
| <input type="checkbox"/> Best Practice Approaches | <input type="checkbox"/> Faith Based Approaches |
| <input type="checkbox"/> NYSCRI | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Special Populations: (Please specify) | <input type="checkbox"/> Other: (Please specify) |
| <input type="checkbox"/> Clinical Supervision | <input type="checkbox"/> Scope of Practice |
| <input type="checkbox"/> EMR/Meaningful use | <input type="checkbox"/> Career Ladder |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Ethics |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

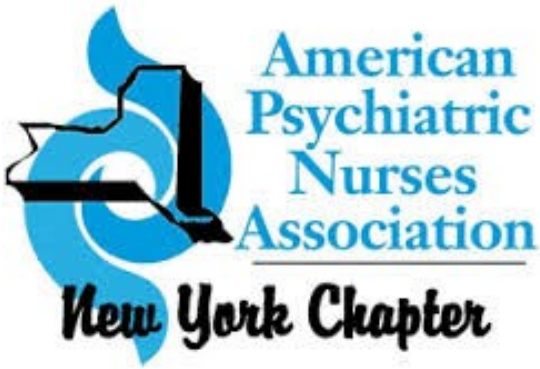
Type of presentation

- | | |
|--|--|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Networking session / discussion |
| <input type="checkbox"/> Demonstration | <input type="checkbox"/> Hands-on workshop |

Audience

- For all audiences Beginner Immediate Advanced

Is there a prerequisite for the workshop? Please specify:



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Audio Visual Equipment to be used:

I do not need any AV equipment

Overhead Projector Yes No

Flip chart Yes No

Microphone Yes No

PPT Projector Yes No

Other (Please specify):

Please respond to the following:

I will be bringing my own equipment. Please list:

I will need the following equipment:

Duration of proposed presentation: 1 hours 1.5 hours

I have read all the information on this application to present and agree to abide by the listed terms. I understand I am selected to present at the 2017 APNA-NYS 9th Annual Collaborative Conference, my registration fee and one (1) at the conference hotel will be paid for by APNA-NYS. I understand that I am responsible for paying all other travel related fees expenses. I also understand that the Conference Committee reserves the right to check my professional references. By submitting this application to present, I agree to these conditions.

Signature _____

Date _____

Primary Presenter

Signature _____

Date _____

Co-Presenter (both must sign)