

Application for Presentation of Traveling Course



Thank you for your interest in contributing to the ASHT Traveling Course. We are looking for original presentations with evidence-based referencing that will provide additional educational opportunities for our members.

Should the ASHT Education Division approve your course, a signed speaker agreement will be required.

Please complete the entire form and email it with your CV, bio, presentation references, and an outline of the course in either PDF or PowerPoint to education@asht.org.

• It is understood that the outline may not be the final form. Final courses must include a reference list with a minimum of six references from a peer reviewed journal published within 5 years of course content as either part of the presentation or as a separate document. Additionally, final course presentations should include citations on applicable individual slides to support content information. No logos or work place references should be included on the course slides, with the exception of a title slide and final slide with bio or contact information.

If your course outline is approved by ASHT, you will be required to send a final course presentation including references. If your course presentation is too large to email, please let us know, and a Dropbox® will be created for receiving the presentation. Be sure to put TRAVELING COURSE PRESENTATION in the subject line. The ASHT Education Division must approve all final presentation content.

We regret we cannot consider incomplete applications.

Proposed traveling course title:		
Traveling course description:		
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Learning objectives (please provide four to five):
Have you presented or published this material previously? If yes, please specify the venue and dates:
If this material has been presented before, please provide an electronic copy of the presentation for review along with your application. Please provide any links to online versions, websites or video clips:
Please provide any other information we should consider when reviewing your submission:

		essary to coordinate for any labs/hands on issors, heat guns, and hydrocollators for o	
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	included v	ding research and speaking experience. (If yoith online promotions of the webinar as we approval.):	-
Information about your session (pleas	e mark vou	r selections in the boxes provided):	
Occupation (check all that apply)		Recommended Participant Experience	
Therapist		1-3 years hand therapy experience	
Physician		3-7 years hand therapy experience	
Other (write in):		7+ years hand therapy experience	
Credentials			
CHT			
ОТ			
PT			

Full Name of Presenters:
Title:
Employer:
Email address:
Mailing/shipping address:
Phone:
Fax:

Please provide contact information for all presenters:

If there are more presenters, please provide full contact information, as requested above, on an additional page.

Please email <u>all required support</u> materials and your <u>completed application</u> form to <u>education@asht.org</u>, or fax them to 856-439-0525.