**ASHT 2025 Annual Meeting and Pediatric Specialty Day Call for Sessions Template**

 This template is intended to help you prepare your proposal submission. It contains instructions that may be helpful when preparing your submission. **Note that all information must be submitted through the online portal prior to the deadline to be considered.** Proposals left in **INCOMPLETE** status after the deadline will not be considered.

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| **START A NEW PROPOSAL** |
| **Proposal Title:** A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation. (200 character max, 75 word max) |
| **Proposal Category*** Pre-Conference Institute (2-hour)
* Pre-Conference Institute (4-hour)
* Instructional Concurrent Session (60-minutes)
* Clinical Practice Poster
* Pediatric Specialty Day – Symposia Session (15-minutes)
* Pediatric Specialty Day – Instructional Concurrent Session (60-minutes)
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| **SPEAKER INFORMATION**The submitter is automatically added as a speaker, other speakers/authors will need to be added to the submission. Only the submitting speaker is able to complete this section. You must enter each speaker’s first name, last name, and email address, as well as answer the following two questions:  |
| **First Time Speaker**Are you a first-time speaker at the ASHT Annual Meeting or Pediatric Specialty Day?* Yes
* No
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| **Early-career Therapist**Are you an early-career therapist (within 5 years of entry-level professional degree at the time of proposal submission)?* Yes
* No
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| **SESSION CONTENT** |
| **Proposal Title:** (this will auto populate) |
| **Audience Level**We understand that many presentations bridge audience levels but please select the *primary* level.  Note that audience level does not necessarily reflect attendees’ years of overall experience but rather knowledge and skills related to the specific topic.Entry-level content is aimed toward those with minimal to no knowledge or skills in this specific topic. Intermediate-level content will focus on extending basic knowledge and skills in this specific topic. Advanced-level content assumes existing knowledge of attendees in this specific topic and aims for synthesis and application.**Note that this information will be made available to attendees if accepted.*** Entry
* Intermediate
* Advanced
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| **Presentation Description (300 word maximum)**Provide a description of the content of your presentation that will help reviewers understand what your session/poster will cover and how you will achieve the learning objectives.  You may wish to incorporate highlights of planning instructional methods for Pre-Conference Institutes, Instructional Concurrent Sessions, and Pediatric Specialty Day submissions.  Consider including an active learning component.**Do not include the names of the speakers or institutions.  Note that information will NOT be made available to attendees.** |
| **Presentation Short Description (150 word maximum)**Provide a short description (synopsis) of the presentation that would motivate and engage participants to attend your session or view your poster.  **Note that this information will be made available to attendees if accepted.** |
| **Instructional Methods (200 word maximum) (Pre-Con, Instructional Concurrent Sessions, Peds Day Symposia, Peds Day Instructional Concurrent Sessions)**What instructional methods do you intend to use?  Examples include lecture, case studies, demonstrations, panel discussion, small group discussion, labs and interactive polling.  Consider including an active learning component. |
| **Alignment with the Theme and/or Specific Priorities (optional) (250 word maximum)**Please describe how/why you think your session aligns with the theme and/or specific priorities. This is also an opportunity to highlight why you think your session aligns with a different priority for the specialty that is not specifically mentioned in the call for sessions. *(More information about the Theme can be found in the Frequently Asked Questions)* |
| **Supporting References**Please cite 2-5 current references that support the content of your presentation.  All references must be peer-reviewed.  At least two of these references must be published within the last five years.  For additional references, older seminal articles can be included.  Any reference format (e.g. AMA, NLM, APA) is accepted. |
| **LEARNING OBJECTIVES** |
| Learning objectives must be in measurable terms (e.g. discuss, describe, interpret, etc.).  Using action verbs from [Bloom’s Taxonomy](https://tips.uark.edu/using-blooms-taxonomy/#gsc.tab=0) can be valuable in making your objectives measurable and aligned with the audience level of the content.  Objectives focus on what the attendee will learn, not what the speaker will do.  All objectives should complete the sentence “At the end of this presentation, participants will be able to …”.At least 1 learning objective is required regardless of session type.  Pre-Conference Institutes, Instructional Concurrent Sessions and Pediatric Specialty Day submissions will likely have 2-3 objectives.  Clinical Practice Poster submissions will likely have 1-2 objectives.  **Note that this information may be made available to attendees if accepted.** |
| **Learning Objective**Complete the sentence, “At the end of this presentation, participate will be able to …” Use action words to begin this learning objective such as list, describe, define, demonstrate, conduct, etc. |
| **ADDITIONAL INFORMATION** |
| **Speaker Expertise (250 word maximum)**Please describe how the speakers’ education, experience, disciplines and/or other considerations are well-suited to deliver this content. **Please do NOT include specific speaker names or institutions.** |
| **Past Presentation**Have you ever presented this information/presentation before or material that is substantially similar?* Yes
* No

If yes, please provide session title, meeting/location and date: |
| **Number of Attendees (Pre-Con, Peds Day Instructional Concurrent Session)**Do you need to cap the number of attendees?* Yes
* No

If yes, what number do you need to cap attendance at and why? (250 word maximum) |
| **Lab Materials (Pre-Con, Instructional Concurrent Session, Peds Day Instructional Concurrent Session)**If you are planning a lab, do you need any specific materials or supplies e.g. therapeutic tape, thermoplastic material, casting material, etc.)?* Yes
* No

If yes, what supplies and other resources will be needed and how do you plan to secure them?Please note: ASHT is not responsible for providing supplies required for the completion of your presentation and reserves the right to turn down proposals without a clear plan for obtaining necessary materials.  Please be sure to have access to supplies and necessary personnel (e.g. lab assistants). |
| **Session Room Set-up (Pre-Con, Instructional Concurrent Session, Peds Day Instructional Concurrent Session)**Does your session require a special room set-up (e.g. table arrangements, power, special seating, linens, etc.)? If not, your session room will be set to accommodate the maximum number of ASHT attendees.* Yes
* No

If yes, please elaborate on the type of room set-up your session requires. Please note, not all requests can be met. If your session is selected for the 2025 program, ASHT Meeting Staff will follow up with you regarding your requests. |
| **Consideration for Clinical Practice Poster (Instructional Concurrent Session)**If your Instructional Concurrent Session is not accepted as a 60-minute session, would you like it to be considered for a Clinical Practice Poster?* Yes
* No
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| **Consideration for Clinical Practice Poster (Peds Symp, Peds Instructional Concurrent Session)**If your Pediatric Specialty Day submission is not accepted as a 15-minute or 60-minute session, would you like it to be considered for a Clinical Practice Poster?* Yes
* No
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| **ASHT POLICY** |
| **ASHT Policy**It is the policy of the American Society of Hand Therapists (ASHT) to ensure balance, independence, objectivity and scientific rigor in all of its continuing education activities. All planners and presenters participating in an ASHT-provided activity are required to disclose to the program audience if they, their spouse, or a family member have any financial relationships that may have, or be perceived to have, a direct bearing on the subject matter of the continuing education activity. This pertains to relationships with pharmaceutical companies, device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. This may also include a business in which the presenter or planner is the sole proprietor.□ I have read and agree to the above terms and conditions. |
| **CONFLICT OF INTEREST** (Each presenter will be required to complete a Conflict of Interest declaration. **Only the submitting presenter will be able to complete this so please make sure to have all necessary information when completing this section.**) A conflict of interest may include any or all of the following and should be reported if the relationship is current or has ended within the past 12 months:* Receiving grant or research support from a private foundation or government agency
* Being a major stock shareholder in a company relevant to hand therapy
* Sitting on an advisory board of a company relevant to hand therapy
* Serving as a consultant for a company relevant to hand therapy
* Receiving other financial or material support from a company relevant to hand therapy

Conflicts of interest do **NOT** include receiving compensation for work or presentations for the following groups:* University position (guest lecturer/adjunct or faculty)
* Association speaker (annual meeting, webinar, or special presentation)
* Volunteer for local, national, or international hand therapy or surgeon groups
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| **Disclosure Declaration**In the past 24 months, have you (or an immediate family member) had a financial relationship with a commercial organization that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients? If so, click “Add a financial relationship’ link below.* I (or my spouse/partner) do not have any potential conflicts of interest to disclose.
* I (or my spouse/partner) do have potential conflicts of interest to disclose.
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| **Add a Financial Relationship (if applicable)**Company NameIndividual(s) InvolvedType of Financial RelationshipStatus of Financial RelationshipDate Financial Relationship Ended |
| **Industry Employees**Industry employees cannot submit or present Pre-Conference Institutes, Instructional Concurrent Sessions, Clinical Practice Posters or Pediatric Specialty Day Symposia or Concurrent Sessions if the content relates to business lines or products of their employer unless ASHT takes complete control of the content of the oral or written presentation.* I agree
* Not applicable - there are no industry employees on this proposal, or the content is not related to their employer
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| **Conflict of Resolution**How will the conflict of interest be resolved?* Not applicable – no conflicts of interest to disclose
* Verbal statement during my presentation
* Information provided in my slide presentation/poster
* Other

If Other, please specify: |
| **Attestation**I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions. |
| **SPEAKER NEEDS AND AGREEMENTS** |
| **Accessibility Services**Should ASHT be aware of any accessibility services requested for presenters (i.e. wheelchair accessibility, etc.)? As is our policy, it is the responsibility of the presenter/attendee to make any accessibility needs known prior to attendance at the conference. Advance notification provides ASHT with the ability to arrange for requested services.* Yes
* No

If yes, please explain the accessibility services requested: |
| **Scheduling Needs**Should ASHT be aware of any scheduling needs (e.g., religious conflicts with specific days or times, surgeon speaker’s availability on a specific day)? While we cannot guarantee accommodating any such needs, we will consider these factors when scheduling the program.* Yes
* No

If yes, please explain the scheduling need: |
| **Evidence-Based Practice**If selected as a speaker in the 2025 program, I understand that I must cite supportive research during my presentation. By checking this box, I agree to cite supportive research during my presentation.□ I agree |
| **Presentation Handouts/Outline (Pre-Con, Instructional Concurrent Session, Peds Symp, Peds Instructional Concurrent Session)**I agree to provide presentation handouts or outline no later than September 26, 2025. Note: ASHT Annual meeting attendees repeatedly ask for presentation handouts prior to the meeting to enhance retention and clinical application.* I agree
* I decline

Reason for declining: |
| **Program Submission Authorization**By submitting this session for consideration by the Annual Meeting Committee, I authorize my program submission to be used in part or in full in the Annual Meeting Program. I understand that if I am accepted as a presenter at the ASHT 2025 Annual Meeting, I am responsible for my own registration fees, travel/accommodations and any other additional expenses I may incur.□ I agree and authorize the above information |
| **Session Recording**ASHT will record sessions on site to be made available to conference registrants. This may also become relevant for posters if optional engagement opportunities are added.  I give permission for any such recording.□ I agree |
| **Virtual Presentation (Pre-Con, Instructional Concurrent Session, Peds Symp, Peds Instructional Concurrent Session)**In the situation where this meeting needs to transition to a virtual conference, are you willing/able to present your presentation virtually? \*PLEASE NOTE: ASHT would provide you with detailed instructions on how to present your presentation virtually.* Yes
* No
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| **Poster Upload/Presentation Materials**By checking this box, I agree to upload my poster materials by the deadline (anticipated to be September 26, 2025). * I agree
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After completing all the submission tasks, please click on the **Save Submission** button.

**Last step is to submit your proposal by clicking on the Submit button**. Only complete proposals will be considered for the program. You will receive a confirmation email once your proposal is submitted.

**Once your proposal is submitted the status will change to Complete, as shown in the example below.**

