



DISTRICT OF COLUMBIA SPEECH-LANGUAGE-HEARING ASSOCIATION

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DCSHA 2019 Annual Conference – ASHA National Office  
***Interprofessional Education and Practice: Partners in Progress***

**March 22, 2019**

**Call for Papers**

Submission Deadline – Thursday, January 31, 2019

The District of Columbia Speech-Language-Hearing Association is seeking papers and posters for the DCSHA Annual Convention at the ASHA National Office in Rockville, MD March 22, 2019.

**Convention Co-Chairs**

Valencia Perry, PhD, CCC-SLP

Kari Comer, M.S., CCC-SLP

- **All Presenters for Seminars and Short Courses**

You can attend the convention at no fee and receive CEUs (no more than three presenters per session). Each presenter must register for the Conference to receive CEUs. Unfortunately, DCSHA cannot pay speakers to present, but can offer free CEU's and lunch on the day of your presentation.

- **All Presenters for Poster Sessions**

- **Professionals:** You must register for the convention and pay the appropriate registration fee.
- **Students:** You must register for the convention and pay the student registration fee.

**Submission Guidelines**

All submissions must be submitted to [dcshaconvention@gmail.com](mailto:dcshaconvention@gmail.com)

Each submission must include the following:

**1. PRESENTATION TYPE**

- a. **Research Session:** Papers should present new research findings or research in progress dealing with typical and/or atypical aspects of hearing, speech, language, or swallowing.
- b. **Professional Education:** All other papers will be considered professional education.

## 2. AUTHOR INFORMATION

- a. Names of all authors
  - Indicate who will be presenting
  - Lunch will be provided for presenters (not to exceed three persons per session)
- b. Affiliations for each author
- c. Address, phone, fax and email for primary contact person
- d. Biography for each author (50 words or less)

## 3. PRESENTATION TITLE

The title of your proposal should not exceed 15 words. Use title case.

## 4. PRESENTATION ABSTRACT

Provide a brief description of your proposal, not to exceed 100 words.

## 5. SESSION TYPE

- a. Mini Seminar (60 minutes)
- b. Short Course (180 minutes)
- c. Poster Session (60 minutes).

## 6. LEARNER OUTCOME

- a. Indicate three (3) learner outcomes
- b. In line with ASHA guidelines, you must state: "As a result of this presentation, the participant will be able to..."

## 7. INSTRUCTIONAL LEVEL

### a. Beginner

Assumes the participant has little or no knowledge within the area covered. The focus of the activity is on general orientation and increased awareness of the participant.

### b. Intermediate

Assumes that the participant has a general familiarity with the literature and professional practice within the area covered. The focus of the activity is on increased understanding and application by the participant.

### c. Advanced

Assumes thorough familiarity with current literature and professional practice within the area covered. The focus is upon recent advances, future directions, and research applications.

## 8. DISCLOSURE

All presenters are required to complete the disclosure form in order to be considered for presentation. Per ASHA continuing education requirements, everyone submitting a presentation, or listed as an author for a presentation for consideration at an ASHA event, is required to complete a disclosure indicating any financial or non-financial relationship related to the content of the proposed session. Having a disclosable financial or nonfinancial

relationship does not prevent you from speaking. Disclosing such relationships is intended to give Convention attendees a more complete context in which to consider the information you provide.

***Complete the attached disclosure form and email the completed form to:  
DCSHACONVENTION@GMAIL.COM***

**9. AUDIO/VIDEO EQUIPMENT**

A laptop and LCD projector will be provided for your presentation. Please indicate if other equipment is required.

**10. SESSION HANDOUT**

If your proposal is accepted, email a session handout (not to exceed 10 pages) to [dcshaconvention@gmail.com](mailto:dcshaconvention@gmail.com), before February 28, 2019, and DCSHA will provide copies for convention participants. The preferred format for the handout is PDF. After this date you must bring 50 copies of your presentation handout on the day of your presentation.

**11. LUNCH**

Indicate your preference:

- Yes, I will be staying for lunch \_\_\_\_\_
  - Vegetarian Lunch Option requested \_\_\_\_\_
  - Non-Vegetarian Lunch Option requested \_\_\_\_\_
- No, I will not be staying for lunch \_\_\_\_\_



DISTRICT OF COLUMBIA SPEECH-LANGUAGE-HEARING ASSOCIATION

District of Columbia Speech Language Hearing Association

Continuing Education Course Provider

Program Planner/Instructional Personnel Relationship Disclosure Form

In compliance with American Speech-Language Hearing Association’s Continuing Education Board’s Requirements, the DC Speech Language and Hearing Association (DCSHA) requires program planners and instructional personnel to disclose information regarding any relevant financial and non-financial relationships related to course content prior to and during course planning.

Based on the information provided, DCSHA will engage the program planner/instructional personnel in a guided interview process, which seeks to understand how the relevant financial or nonfinancial relationship may influence the content of the course.

**Program Planner/Instructional Personnel’s Name:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**HIPAA REQUIREMENTS**

To comply with the Health Insurance Portability and Accountability Act (HIPAA), we ask that all program planners and instructional personnel insure the privacy of their patients/clients by refraining from using names, photographs, or other patient/client identifiers in course materials without the patient’s/client’s knowledge and written authorization.

I am in compliance with these policies: \_\_\_\_\_ (INITIAL HERE)

**Relevant financial relationships** are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include “contracted research” where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant.

Do you have relevant financial relationships to disclose? No \_\_\_\_\_ Yes \_\_\_\_\_, If yes complete page 2

**Relevant non-financial relationships** are those relationships that might bias an individual including any personal, professional, political, institutional, religious or other relationship. May also include personal interest or cultural bias.

Do you have relevant non-financial relationships to disclose? No \_\_\_\_\_ Yes \_\_\_\_\_, If yes complete page

I attest that the information in this disclosure is accurate at the time of completion and I agree to notify DCSHA of any changes to this information between now and the presentation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

District of Columbia Speech Language Hearing Association

## Continuing Education Course Provider Financial Relationship Disclosure Form

**Copy this page as many times as you need to complete information regarding each of your relevant financial relationships.** Program Planners/Instructional personnel have a **relevant** financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter name: \_\_\_\_\_

Financial relationship with (name of Company/Organization):

\_\_\_\_\_

Date form completed: \_\_\_\_\_

### **What was received?** (Check all that apply)

- Salary
- Consulting fee
- Intellectual property rights
- Speaking fee
- Royalty
- Honoraria
- Hold patent on equipment
- In kind
- Grants
- Gift
- Ownership interest (e.g., stocks, stock options or other ownership interest excluding diversified mutual funds)
- Other financial benefit (please describe):

### **For what role?** (Check all that apply)

- Employment
- Management position
- Teaching and speaking
- Board membership
- Ownership
- Consulting
- Membership on advisory committee or review panels
- Independent contractor (including contracted research)
- Other activities (please describe):

**District of Columbia Speech Language Hearing Association**  
**Continuing Education Course Provider**  
**Non-Financial Relationship Disclosure Form**

**Copy this page as many times as you need to complete information regarding each of your relevant non-financial relationships.** Program Planners/instructional personnel have a **relevant** non-financial relationship if that relationship could influence the information presented in the course and could be perceived as a conflict of interest by learners.

Planner/Presenter name: \_\_\_\_\_

Non-financial relationship with (name of Company/Organization/Institution):

\_\_\_\_\_

Date form completed: \_\_\_\_\_

**What is the nature of the non-financial relationship?** (Complete all that apply)

Personal, please describe: \_\_\_\_\_

Professional, please describe: \_\_\_\_\_

Political, please describe: \_\_\_\_\_

Institutional, please describe: \_\_\_\_\_

Religious, please describe: \_\_\_\_\_

Personal interest, please describe: \_\_\_\_\_

Bias, please describe: \_\_\_\_\_

Other relationship, please describe: \_\_\_\_\_

**For what role?**

Volunteer employment

Volunteer teaching and speaking

Board membership

Volunteer consulting

Volunteer membership on advisory committee or review panels

Other volunteer activities (please describe):

\_\_\_\_\_