



University of North Texas
Health Science Center at Fort Worth

Office of Professional and Continuing Education

Call for Presentations

We are seeking presentations that will:

- Include new and updated information on topics of interest to clinicians, including physicians, PAs and NPs and registered nurses;
- Employ adult learning principles, including audience interaction;
- Encourage thought provoking and scholarly discussion.

Call for Presentations

Section I: Presenter Information

Contact Information

1. Name (as it should appear on brochure): _____ 2. Degrees: _____

3. Department: _____ 4. Division: _____

5. Professional Title (as it should appear on brochure): _____

6. Phone Number: _____ 7. Pager/Cell: _____

8. E-mail Address: _____

9. Assistant's Name: _____ 10. Assistant's Phone Number _____

11. Your preferred mailing address: _____

12. City: _____ 13. ST: _____ 14. ZIP: _____

15. Emergency Contact: _____

16. How many CME-type presentations have you given in the past year?
 0-1 2-5 6-10 MORE THAN 10

17. For which areas of medicine or disease states do you present the most? _____

18. How would you rate your speaking/presentation skills?
 FAIR AVERAGE GOOD VERY GOOD EXCELLENT

Section II: Presentation Information

1. Title of Presentation

2. Length of this presentation

1 HOUR 2 HOURS OTHER_____

3. Format of presentation

STAND ALONE PART 1 OF 2

4. Have you given this presentation before?

YES NO, FIRST TIME

5. For which specialties is this topic appropriate?

6. Presentation Learning Objectives

The learning objectives you provide will be included in the course syllabus. Please state the three or four major behavioral objectives the attendee should be able to accomplish after attending your presentation.

Suggested verbs to use: **Describe Contrast Explain Recite Differentiate**
Define Discuss Identify List Compare

After attending this presentation, attendees should be able to...

6a. Learning Objective One

6b. Learning Objective Two

6c. Learning Objective Three

6d. Learning Objective Four

7. Why would a clinician want to attend this presentation?

8. Please provide a short description of your presentation, including any interactive components

9. Please provide names and contact information for possible funding sources for this presentation

Name	Company	Phone	Provided Past funding?	Product/ Area of Interest

Submission Checklist

- Completed Section I: Presenter Information
- Completed Section II: Presentation Information
- Completed Faculty Disclosure (download from website)
- Most current curriculum vitae (CV)
- Detailed description of presentation if different format than listed, if applicable

Please return all items to:

Professional and Continuing Education
University of North Texas Health Science Center at Fort Worth
3500 Camp Bowie Boulevard
Fort Worth, Texas 76107-2699

FAX: 817-735-2598
E-mail: register@hsc.unt.edu