



**OHIO REHABILITATION ASSOCIATION ANNUAL CONFERENCE  
COLUMBUS, OHIO ~ OCTOBER 21-23, 2009  
"ENHANCING YOUR TOOLBOX FOR SUCCESS"**

**CALL FOR PRESENTATION PROPOSAL**

**INSTRUCTIONS:** PLEASE COMPLETE THE FOLLOWING CLEARLY AND IN ITS ENTIRETY (FIELDS WILL EXPAND IF COMPLETED ELECTRONICALLY). ALL **PAGES** MUST BE SUBMITTED BY **JUNE 1, 2009**. COMPLETE INSTRUCTIONS CAN BE FOUND ON OUR WEBSITE AT [WWW.OHIOREHAB.ORG](http://WWW.OHIOREHAB.ORG).

**PRESENTATION SPECIFICS:** ROOMS WILL BE SET UP IN CLASSROOM STYLE WITH TABLES AND CHAIRS; ROOMS WILL HAVE A PODIUM, LCD PROJECTOR & SCREEN AND **ALL SESSIONS ARE 1 ½ HOURS**.

**FOCUS AREAS:** YOUR PRESENTATION WILL BE SUBMITTED TO MULTIPLE CERTIFYING BOARDS FOR APPROVAL OF CONTINUING EDUCATION CREDITS INCLUDING SPECIFIC FOCUS AREAS AS IDENTIFIED BY THE ORA CERTIFICATION & PROGRAM SELECTION COMMITTEES.

**. THANK YOU FOR YOUR SUBMISSION!**

**TITLE OF PRESENTATION:** (10 WORDS OR LESS):

**ABSTRACT/SUMMARY OF SESSION:** PLEASE LIMIT TO 75 WORDS OR LESS SUITABLE FOR PUBLICATION. SPECIFICS WILL HELP CONFERENCE ATTENDEES SELECT PRESENTATIONS TO ATTEND.

**PROGRAM OBJECTIVES:** THESE MUST BE STATED IN BEHAVIORAL TERMS WITH A MINIMUM OF THREE (EXAMPLE: 1 - IDENTIFY THE PROBLEM; 2 - DEFINE POTENTIAL NEW APPROACH; AND 3 - DEVELOP STRATEGIES TO IMPLEMENT)

1)

2)

3)

**PROGRAM PREFERENCE OF DAY AND TIME:**

FIRST CHOICE:  THUR. A.M.  THUR. P.M.  FRI. A.M.  FRI. P.M.

SECOND CHOICE:  THUR. A.M.  THUR. P.M.  FRI. A.M.  FRI. P.M.



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PLEASE COMPLETE THE FOLLOWING INFORMATION IN THE RIGHT-HAND COLUMN (PLEASE TYPE OR PRINT CLEARLY).  
EACH PRESENTER MUST COMPLETE A BIOGRAPHICAL DATA FORM.

THIS PERSON IS THE:

LEAD PRESENTER      OR       CO-PRESENTER

NAME, DEGREE(S), NAME OF DEGREE, & CREDENTIALS, CERTIFICATIONS OR LICENSURES: EXAMPLE: JANE JONES, BS, REHABILITATION EDUCATION; LSW, CVE	
PRESENT POSITION (TITLE) AND EMPLOYER:	
<input type="checkbox"/> HOME ADDRESS    OR <input type="checkbox"/> BUSINESS ADDRESS: (CHECK WHICH ADDRESS AND INCLUDE ANY SUITE/ FLOOR NUMBERS AND INCLUDE THE CITY, STATE, AND ZIP CODE)	
DAYTIME TELEPHONE: (INCLUDE AREA CODE AND EXT.)	
EMAIL ADDRESS: (REQUIRED)	
PLEASE DESCRIBE ANY SPECIFIC EXPERTISE IN THIS TOPIC: IF THE PRESENTATION INFORMATION WAS PUBLISHED IN AN ACCEPTABLE JOURNAL, PLEASE INDICATE SO:	

**PRESENTER BENEFITS:** PLEASE NOTE, THAT AS A PRESENTER, YOU HAVE THE OPTION OF ATTENDING THE CONFERENCE ON THE DAY OF THE PRESENTATION ONLY AT NO COST AND RECEIVE CEUS, IF APPLICABLE.

**VESTED INTERESTS:** HAVING AN INTEREST IN AN ORGANIZATION DOES NOT PREVENT A PRESENTER FROM MAKING A PRESENTATION, BUT THE AUDIENCE MUST BE INFORMED OF THIS RELATIONSHIP PRIOR TO THE START OF THE ACTIVITY. (IF THE PRESENTER ALREADY HAS SPECIAL FORMS TO IDENTIFY THIS, IT DOES NOT NEED TO BE REPEATED ON THE BIOGRAPHICAL FORM. INCLUDE THE PRESENTER'S COPY OF THE COMPLETED FORMS DECLARING VESTED INTEREST.)

*I RECOGNIZE THAT I MUST FOLLOW ALL GUIDELINES AND CRITERIA REGARDING VESTED INTEREST. ANY REAL OR PERCEIVED CONFLICT OF INTEREST FOR A CONFERENCE PARTICIPANT MUST BE DISCLOSED. FOR THIS PURPOSE A REAL OR APPARENT CONFLICT OF INTEREST IS DEFINED AS HAVING A SIGNIFICANT FINANCIAL INTEREST IN A PRODUCT TO BE DISCUSSED DIRECTLY OR INDIRECTLY DURING THE PRESENTATION, BEING OR HAVING BEEN AN EMPLOYEE OF A COMPANY WITH SUCH FINANCIAL INTEREST AND/OR HAVING HAD SUBSTANTIAL RESEARCH SUPPORT BY AN INDUSTRY TO STUDY THE PRODUCT TO BE DISCUSSED AT THE PRESENTATION.*

I HAVE NO REAL OR PERCEIVED CONFLICTS OF INTEREST RELATED TO THIS PRESENTATION.

I HAVE THE FOLLOWING REAL OR PERCEIVED CONFLICTS OF INTEREST THAT RELATE TO THIS PRESENTATION (PLEASE ATTACH A STATEMENT REGARDING THE CONFLICT OF INTEREST).

CALL FOR PRESENTATION PROPOSAL SHOULD BE SUBMITTED TO:

DEANNA ARBUCKLE, PROGRAM COMMITTEE CHAIR

E-MAIL ADDRESS (PREFERRED) [ORACONFERENCE@DMSREHAB.COM](mailto:ORACONFERENCE@DMSREHAB.COM) OR FAX 806/261-2355

DEADLINE: **JUNE 1, 2009**

FOR QUESTIONS OR MAILING ADDRESS, PLEASE CONTACT DEANNA ARBUCKLE AT 614-313-5776