



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

CALL FOR PRESENTATION PROPOSAL INSTRUCTIONS

PLEASE COMPLETE THE FORM CLEARLY AND IN ITS ENTIRETY. ALL PAGES MUST BE SUBMITTED BY **JUNE 1, 2009**.

PRESENTATION SPECIFICS: ROOMS WILL BE SET UP IN CLASSROOM STYLE WITH TABLES AND CHAIRS; ROOMS WILL HAVE A PODIUM, LCD PROJECTOR AND 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 AND PROGRAM SELECTION COMMITTEES.

TITLE OF PRESENTATION: THE TITLE OF THE PRESENTATION MUST BE TEN (10) WORDS OR LESS. PRESENTERS ARE ENCOURAGED TO UTILIZE THE CONFERENCE THEME WITHIN PRESENTATION TITLE. THE TITLE MUST BE SPECIFIC TO THE CONTENT AND IF INCLUDING ETHICS, THE WORD ETHICS MUST BE IN THE TITLE.

ABSTRACT/SUMMARY OF SESSION: THE ABSTRACT IS A SUMMARY ABOUT YOUR PRESENTATION. IT IS RECOMMENDED THAT YOU INCLUDE INFORMATION ABOUT YOUR OBJECTIVES AND CONTENT. THE ABSTRACT WILL BE PUBLISHED AND WILL BE UTILIZED BY THE CONFERENCE PARTICIPANTS TO HELP SELECT SESSIONS TO ATTEND. THE ABSTRACT IS ALSO UTILIZED FOR PROGRAM SELECTION AND CERTIFICATION PURPOSES AND MUST BE DESCRIPTIVE OF YOUR SESSION CONTENT. THE ABSTRACT SHOULD BE LIMITED TO 75 WORDS OR LESS.

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

PRESENTER INFORMATION

EACH PRESENTER, LEAD AND CO-PRESENTERS, IS TO COMPLETE PAGE TWO OF THE CALL FOR PRESENTATION PROPOSAL FORM.

PRESENTER STATUS: THE LEAD PRESENTER IS THE PRIMARY CONTACT PERSON FOR THE ORA PROGRAM SELECTION COMMITTEE. EACH PRESENTER SHOULD IDENTIFY THEMSELVES AS EITHER A LEAD OR CO-PRESENTER.

PRESENTER IDENTIFICATION: EACH PRESENTER SHOULD PROVIDE THEIR NAME AS IT IS TO BE PUBLISHED. IN ADDITION, YOU SHOULD LIST YOUR DEGREE SUCH AS BA, MA, ETC. AND THE NAME OF YOUR DEGREE E.G. REHABILITATION COUNSELING, EDUCATION, SOCIAL WORK, ETC. AS WELL AS YOUR CREDENTIALS, CERTIFICATION, OR LICENSURES.

PRESENT POSITION AND EMPLOYER: PLEASE LIST YOUR PRESENT EMPLOYER AND POSITION.

ADDRESS: CONTACT INFORMATION IS NECESSARY FOR EACH PRESENTER. PLEASE IDENTIFY IF YOUR INFORMATION IS FOR A HOME OR BUSINESS ADDRESS. BE SURE YOU INCLUDE THE SUITE, FLOOR, OR APARTMENT NUMBER AND ZIP CODE.

TELEPHONE: THIS INFORMATION IS NECESSARY FOR FOLLOW UP CONTACT AND QUESTIONS.

EMAIL: THIS INFORMATION IS NECESSARY FOR FOLLOW UP CONTACT AND QUESTIONS.

EXPERTISE: THIS AREA ALLOWS FOR A PRESENTER TO IDENTIFY ANY SPECIFIC EXPERTISE ON THE TOPIC OF THIS PRESENTATION. IF YOUR PRESENTATION INFORMATION HAS BEEN PUBLISHED, PLEASE INDICATE THE TITLE OF THE JOURNAL.

PRESENTER BENEFITS: YOU CAN ATTEND THE CONFERENCE ON THE DAY OF YOUR 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.)

QUESTIONS

PLEASE CONTACT DEANNA ARBUCKLE, PROGRAM COMMITTEE CHAIR
EMAIL: ORACONFERENCE@DMSREHAB.COM OR PHONE: 614-313-5776

SUBMISSION DEADLINE: **JUNE 1, 2009**

THANK YOU FOR YOUR SUBMISSION!