



WEBINAR INFORMATION

<p>PRESENTATION TITLE</p>	
<p>NAME OF PRIMARY PRESENTER (Include Designations)</p>	
<p>NAME OF CO-PRESENTERS (Include Designations)</p>	
<p>DESCRIPTION OF SESSION:</p> <p>Provide a detailed course description (using fewer than 200 words) you must state how the course content is related directly to physical therapy and business management and clearly define how content will improve a participant's knowledge or skills in physical therapy or business management.</p>	
<p>IMMEDIATE TAKE-HOME VALUE:</p> <p>In fewer than 50 words, provide a statement that conveys the key, actionable takeaways provided by the content in your course.</p>	
<p>AUDIENCE:</p> <p>Who is the expected learner for your program? (Select all that apply)</p>	<p> <input type="checkbox"/> PTs <input type="checkbox"/> PTAs <input type="checkbox"/> Administrators <input type="checkbox"/> Other </p>
<p>COURSE-LEVEL:</p> <p>Consider your audience. What level of knowledge would an attendee of your course need in order to complete your course objectives?</p>	<p> <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Multiple Levels </p>

CONTENT REFERENCES

To qualify for Continuing Education Units (CEU) APTA Private Practice must provide credentialing organizations with content references or evidence-based research for each educational session.

The references must be less than 10 years old.

Evidence-based research includes (in a general order of strength from strongest to weakest):

- peer-reviewed research,
- other published research,
- cohort studies,
- case series reports, and
- case studies.

In addition, resources can include:

- web sites,
- specific reference information (journal or text book, author name, year, etc.), and
- titles of protocols/standards of care with the facility or location in which they are used.

SAMPLE FORMAT:

Nelson, RM. The Next Evolution.
PHYSICAL THERAPY. 2013, 93: 1415-1425
McGlynn, EA, et al. The Quality of Health Care
Delivered to Adults in the United States. N Engl J
Med, 2003, 348: 2635-2645

The Centers for Medicare and Medicaid Services,
ICD-10 Official CMS Industry Resources for the ICD-
10 Transition, Accessed February 2, 2015, [http://
www.cms.gov/Medicare/Coding/ICD10/index.htm](http://www.cms.gov/Medicare/Coding/ICD10/index.htm)

1.

2.

3.

4.

5.



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PRACTICE GAP: When there is a gap between what the professional is currently doing or accomplishing compared to what is desired/achievable on the basis of current professional knowledge, there is a professional practice gap. The goal of a strong educational session is to **change participants’ knowledge, skill, or performance in an effort to eliminate the practice gap** – ultimately making a positive change in patient health outcomes. With this in mind, complete the following questions so that program planners have a clear understanding of how the information presented in your session will change participants’ knowledge, skills, or performance.

<p>TYPE OF GAP:</p> <p>This presentation will address a gap in:</p>	<p><input type="radio"/> Knowledge (participants don’t know what they need to)</p> <p><input type="radio"/> Skill (participants lack tools or strategies to implement knowledge)</p> <p><input type="radio"/> Both</p>
<p>DESCRIBE THE PRACTICE GAP(S) THAT THIS SESSION WILL ADDRESS:</p>	
<p>CONTENT SHELF LIFE: provide an estimated period of time during which this content remains relevant, accurate and desirable for participants.</p>	
<p>PROMOTIONAL TAG(S): list 3-5 specific and unique keywords that can be used to promote and categorize this content.</p>	

Learning Objectives

Each **Learning Objective** should complete the phrase, "The participant should be able to..."

Please use **action verbs** (i.e.; “describe, outline, predict, list, identify”) rather than passive verbs (“understand, learn, comprehend”). Refer to [APTA guidelines](#) for more information.

LEARNING OBJECTIVE 1

LEARNING OBJECTIVE 2

LEARNING OBJECTIVE 3

Primary Speaker Information

The primary speaker is the main contact person for this proposal. It is the primary speaker's responsibility to ensure that the information submitted for the program and for all co-presenters is complete and accurate. **Speaker Information is required for each presenter, co-presenter, panel member, discussion leader, etc. Please attach a copy of your CV or resume.**

*PPS follows [APTA policy](#) when publishing speaker credentials.

NAME:	CREDENTIALS:
ORGANIZATION:	EMAIL:
ADDRESS:	CITY, STATE, ZIP:
TELEPHONE:	
SHORT BIO In fewer than 100 words, describe your training or experience that establishes your expertise on the proposed topic.	
EDUCATION/DEGREE(S)/CERTIFICATE(S): Please list any specialty areas that relate to the proposed topic.	
PREVIOUS SPEAKING ENGAGEMENTS List all relevant speaking engagements in the past 5 years.	
PROFESSIONAL ORGANIZATIONS Describe your involvement with relevant professional organizations.	
AWARDS AND HONORS List any awards/honors you have received.	

Speaker Disclosure Form

All speakers are required to disclose any and all potential conflict(s) of interest (owner or sole proprietor, speakers' bureau, grant/research support, major stock shareholder, employee/paid consultant, etc.) and copyrights. All speaker disclosures will be printed in meeting materials. Having an interest in an organization does not prevent a speaker(s) from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, all presenters must disclose to the audience information listed below.

SPEAKER NAME:

WEBINAR TITLE:

PAYMENT

Will you be receiving honoraria, reimbursement for expenses, or other financial assistance for this program from an organization other than your place of employment or from PPS? YES NO

If yes, enter the name of the organization:

CONFLICT OF INTEREST

Do you have a financial interest, arrangement, or affiliation with any organization or business entity (including self-employment and sole proprietorship) that could be perceived as a conflict of interest or a source of bias in the context of this presentation?

Yes No

If yes, enter the name of the organization or business entity next to the type of affiliation below:

Owner/Sole Proprietor:

Employee/Consultant:

Grant/Research Support:

Speaker's Bureau:

Major Stock Shareholder:

Other Financial or Material Support:

COPYRIGHT PERMISSIONS

Will you be using materials developed by others? YES NO

If so, do you have copyright permissions of the materials? YES NO

Agreement

My name below is provided as my electronic signature approving all the information entered in this Program Submission Form. I attest that all submitted information is accurate.

SPEAKER SIGNATURE:

DATE: