# OSHA Annual Conference – Salem, OR – October 11-12, 2019

**Theme: “Building a Legacy”**

**Presentation Proposal Form**

Submission deadline: April 26, 2019

A complete proposal packet consists of up to three parts:

1. Please fill out all three sections of this form. The fillable forms can take unlimited text, so you can copy and paste from a different document if you like.
2. Attach additional pages if needed (e.g., additional presenter information).
3. Complete an individual financial disclosure form for *each* listed presenter.

**Please submit all parts by emailing all documents together (in Word or PDF format) to** [**oshaoregon@gmail.com**](mailto:oshaoregon@gmail.com?subject=OSHA%202018%20Proposal)

**NOTE: All SLP presenters are required to pay registration fees. Co-presenters from *other* disciplines who will not be attending the rest of the conference may request to waive conference registration fees.**

**NOTE: Presenters may not use their session to promote or sell products or services.**

If you have general questions or problems with this form, please contact the OSHA office staff at: [oshaoregon@gmail.com](mailto:oshaoregon@gmail.com)

If you have any questions about the content of your proposal, please contact Rik Lemoncello, PhD, Conference Program Chair, at [rik.lemoncello@gmail.com](mailto:rik.lemoncello@gmail.com)

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| I. Presenter Information |
| *\*Please list presenter information it they should appear on the program, and in the desired order. All student presentations must include a faculty co-author.*  **First Author**  Name and Education Degree:  Click here to enter text.  Affiliation:  Click here to enter text.  Address: Click here to enter text.  Phone:  Click here to enter text.  Email:  Click here to enter text.  Biographical Sketch (50-words or less):  Click here to enter text.  Check here if this author is a non-SLP requesting to waive registration fees.  **Second Author**  Name and Education Degree:  Click here to enter text.  Affiliation:  Click here to enter text.  Address: Click here to enter text.  Phone:  Click here to enter text.  Email:  Click here to enter text.  Biographical Sketch (50-words or less):  Click here to enter text.  Check here if this author is a non-SLP requesting to waive registration fees.  **Third Author**  Name and Education Degree:  Click here to enter text.  Affiliation:  Click here to enter text.  Address: Click here to enter text.  Phone:  Click here to enter text.  Email:  Click here to enter text.  Biographical Sketch (50-words or less):  Click here to enter text.  Check here if this author is a non-SLP requesting to waive registration fees.  **If more than one author is associated with this proposal, who is the “Lead” contact person?**  Lead Contact Author:  Click here to enter text.  \*You may attach an additional page if you have more than three presenters. |

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| II. Proposal Information |
| Check *all* applicable boxes in each category below:   |  |  | | --- | --- | | **Presentation Format** | 3-Hour Presentation (Saturday morning)  1.5-Hour Presentation (Saturday afternoon)  Poster Presentation (Friday late afternoon) | | **Presenter** | Check here if this is a student presentation. | | **Discipline** | Audiology  Speech-Language Pathology  Interdisciplinary  Other: | | **Area** | ☐ Assessment  Treatment  Professional Issues  Research  Other: | | **Population** | Infant/Toddler  Pre-Schooler  School-Age  Adult  Geriatric | | **Presentation Level** | Beginner  Intermediate  Advanced | |

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| III. Proposal Details |

Please fill in each section below:

1. **Title of Presentation:**  Click here to enter text.
2. **Abstract.** 50 words summarizing the major aspects of your proposal, to be published in the conference program.

Click here to enter text.

1. **Learning Objectives**. Include three learning objectives with specific measurable verbs

(\*Please see <http://www.asha.org/ce/for-providers/Learner_outcomes/> for guidelines on writing learning objectives to meet continuing education requirements).

After completion of this program, participants will be able to:

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. **Narrative Description.** Please provide a narrative description of up to approximately 500 words based on the type of proposal you are submitting. All proposal should include citations and a reference list.
   * **Assessment:** Please include a short summary of your proposal, relevant background information, and a discussion of the psychometric properties of the assessment(s) to be presented (e.g., reliability, validity, sensitivity, specificity).
   * **Treatment:** Please include a short summary of your proposal, relevant background information, and a discussion of the best current evidence supporting the approach(es) to be presented, including clinical significance.
   * **Professional Issues:** Please include a short summary of your proposal, relevant background information, and a statement of the problem(s)/issue(s), action taken or suggested, and relevant methods, results, conclusions, and recommendations.
   * **Research:** Please include an introduction with supporting literature, your research questions, and a brief description of your methods, major findings, and implications.

Click here to enter text.