

**37th Annual MH/IDD Joint Conference**  
**CALL FOR PRESENTATIONS**  
**Golden Nugget Casino, Biloxi, MS November 12 - 14, 2025**  
**DEADLINE TO SUBMIT: APRIL 15, 2025**

SECTION A. IDENTIFYING INFORMATION	
Name:	Title of Conference:
Home Address:	
Best Contact Number:	Email Address:
Employer:	
Employer Address:	
Job Title:	
Title of Presentation:	
Select the option that best describes your role:	Lead Presenter      Co-Presenter      Planner
SECTION B. VESTED INTEREST	
1. Have you received anything of value from a commercial supporter, which may have been perceived as direct or indirect interest in the subject(s) you are addressing in this educational activity?      Yes      No	
If yes to (1), please list the commercial supporter:	
If yes to (1), please describe your relationship: (select all that apply)	
Speaker's Bureau	Shareholder
Consultant	Grant/Research Support
Major Stockholder	No relationship
Large Gift(s)	Other, please describe:
If yes to (1), How will conflict of interest be resolved?	
2. Describe professional experience and/or areas of expertise (including publications) related to the involvement in continuing education.	
3. Identify how you took part in the planning and evaluation of this activity:	
Planned objectives/content	Reviewed evaluation summary
Planned time frame	Will utilize evaluation to revise presentation as needed
Planned teaching strategies	Other, please describe:
Attended committee meetings	

**SECTION C. PRESENTER QUESTIONS (VESTED INTEREST)**

4. **Presenter:** During your presentation, will you include discussion of an unlabeled or the investigational use of a produce, device, or drug that has not been approved by the FDA? For the use being presented in this educational activity?            Yes            No

If yes to (4), please explain

If yes to (4), you must disclose this information during your presentation. Select the method of disclosure:

Handouts	Verbally, during presentation
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Audiovisuals	Other, please describe:
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If yes to (4), How will conflict of interest be resolved?

5. **Presenter:** How will your presentation practice cultural awareness?

**SECTION D. BIOGRAPHICAL DATA-ALL PRESENTERS MUST ATTACH CURRICULUM VITAE AND BIO FOR INTRODUCTIONS**

**Presenter 1:**

Name:	Home Address:
Employer:	Employer Address:
Phone:	E-Mail Address:
Job Title:	Professional License:

**EDUCATION.**

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

**Presenter 2:**

Name:	Home Address:
Employer:	Employer Address:
Phone:	E-Mail Address:
Job Title:	Professional License:

**EDUCATION.**

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

# ADDITIONAL PRESENTERS

**BIOGRAPHICAL DATA-ALL PRESENTERS MUST ATTACH CURRICULUM VITAE AND BIO FOR INTRODUCTIONS**

**Presenter 3:**

Name:	Home Address:
Employer:	Employer Address:
Phone:	E-Mail Address:
Job Title:	Professional License:

**EDUCATION.**

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

**Presenter 4:**

Name:	Home Address:
Employer:	Employer Address:
Phone:	E-Mail Address:
Job Title:	Professional License:

**EDUCATION.**

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

**Presenter 5:**

Name:	Home Address:
Employer:	Employer Address:
Phone:	E-Mail Address:
Job Title:	Professional License:

**EDUCATION.**

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

**SECTION E. PRESENTATION ABSTRACT & REFERENCES**

**Title of Presentation:**

**Continuing Education (CE) Category:**            **General**            **Ethics**            **Cultural**            **Clinical Supervision**

**ABSTRACT (3-5 SENTENCES EXPLAINING YOUR PRESENTATION)**

**CITATIONS/ REFERENCES. (MINIMUM OF 3 SCHOLARLY REFERENCES: APA FORMAT)**


**SECTION F. PRESENTATION OUTLINE**

**Duration of Presentation: (All sessions must be at least 60 minutes)**

**Evaluation Tool: (Select the evaluation method to be used to evaluate this activity.)**

Post Test	Attitude Scale	Structured Interview	Direct Observation of skill performance	Other:
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**Evaluation Category: (Select the most appropriate evaluation category for this activity.)**

Learner Satisfaction	Skill and attitude change	Knowledge	Change in Practice	Other:
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**Objectives: Must provide 3 objectives. Please be specific and begin objectives with action verbs such as: Discuss, Explain, Define, List, Demonstrate, etc.**

<b>Objective 1:</b>	<b>Presenter(s):</b> List for each objective.	<b>Time Frame:</b> List for each objective.	<b>Teaching Strategies/Resources:</b> List for each objective and list audio visuals needed.
<b>Objective 1 Supporting Information:</b>	1.  2.  3.		<input type="checkbox"/> Lecture/Role Play <input type="checkbox"/> Graphics/Visuals <input type="checkbox"/> Questions/Answers <input type="checkbox"/> Group Work Relevant <input type="checkbox"/> Strategies Online <input type="checkbox"/> Feedback <input type="checkbox"/> Other:
<b>Objective 2:</b>	<b>Presenter(s):</b> List for each objective.	<b>Time Frame:</b> List for each objective.	<b>Teaching Strategies/Resources:</b> List for each objective and list audio visuals needed.
<b>Objective 2 Supporting Information:</b>	1.  2.  3.		<input type="checkbox"/> Lecture/Role Play <input type="checkbox"/> Graphics/Visuals <input type="checkbox"/> Questions/Answers <input type="checkbox"/> Group Work Relevant <input type="checkbox"/> Strategies Online <input type="checkbox"/> Feedback <input type="checkbox"/> Other:
<b>Objective 3:</b>	<b>Presenter(s):</b> List for each objective.	<b>Time Frame:</b> List for each objective.	<b>Teaching Strategies/Resources:</b> List for each objective and list audio visuals needed.
<b>Objective 3 Supporting Information:</b>	1.  2.  3.		<input type="checkbox"/> Lecture/Role Play <input type="checkbox"/> Graphics/Visuals <input type="checkbox"/> Questions/Answers <input type="checkbox"/> Group Work Relevant <input type="checkbox"/> Strategies Online <input type="checkbox"/> Feedback <input type="checkbox"/> Other:

**SECTION G. SIGNATURE**

**CONFERENCE REGISTRATION TYPE:**

Presenting Only

Attending Conference

**SIGNATURE. PLEASE SIGN AND DATE BELOW. (IF PROVIDING ELECTRONIC SIGNATURE, PLEASE CHECK RHW BOX PROVIDED BELOW THE SIGNATURE LINE**

**SIGNATURE:**

**DATE:**

**MY ELECTRONIC SIGNATURE ABOVE IS THE EQUIVALENT OF MY ACKNOWLEDGEMENT AND VERIFICATION OF THE INFORMATION PROVIDED.**

**SECTION H. ADDITIONAL INFORMATION**

- **ALL PRESENTERS MUST SUBMIT A CURRICULUM VITAE OR RESUME**
- **ALL PRESENTERS MUST SUBMIT A BRIEF BIO**

**DEADLINE TO SUBMIT PROPOSAL: APRIL 15, 2025**