

# 2019 Call for Session Proposals

## General Information

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Read more about this year's conference on the [conference website](#).

**The deadline to submit a workshop proposal is 11:59 PM ET on Thursday, March 14, 2019.**

**The deadline to submit a poster proposal is 11:59 PM ET on Friday, May 31, 2019.**

Please be sure to review the [Call for Session Proposals Guidelines](#) prior to submitting a proposal. If you would like to preview the proposal form, you can download the workshop form and poster form as a PDF.

If you would like to save and continue your proposal submission later, please click the button at the top of the screen that says "Save and Continue Later," and enter your email address to have a link sent to you that will allow you to return to complete the proposal.

Only proposals submitted online through this form will be accepted.

## Session Type

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- **Interactive poster sessions feature** research, either completed or a work in progress. At least one representative of the featured organization or project must be present during the session to present their research and engage with attendees. [Review the poster guidelines for further information](#).
- **Workshop sessions** feature an individual, group, or panel presentation on skills building relevant to programmatic experiences, research, innovation, leadership development, organizational sustainability, advocacy, policy, or procedures.

Identify the session type: \*

Healthy Teen Network reserves the right to change the type of session, if warranted.

- Poster
- Workshop

1. If you are not selected for a workshop session, are you willing to present a poster? \*

- Yes
- No
- Maybe

2. If selected, are you willing to present this content as a poster *in addition* to a workshop? \*

- Yes
- No
- Maybe

## **Workshop Presenter Contract**

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This portion of the submission form must be completed by the lead presenter on behalf of all the presenters. Please complete this contract by checking the boxes next to the statements, then signing your full name below.

I understand and agree, that if my proposal is selected by Healthy Teen Network... \*

- My session must abide by [Healthy Teen Network Guiding Principles](#).

- I, the lead presenter, am the primary contact for this session and am responsible for disseminating information to other presenters within the group unless I request otherwise.
- I must register and pay for the conference and ensure that any co-presenters also register and pay for the conference by **July 31, 2019**. Healthy Teen Network cannot offer an honorarium or pay travel, per diem, or lodging expenses. Healthy Teen Network extends a discount on conference registration to lead presenters only.
- I must notify Healthy Teen Network within 30 days of confirming my participation regarding any circumstances that prohibit me from presenting at the annual conference. Failure to show-up for my scheduled session without notifying the program planner within 24 hours of cancellation will prohibit me from presenting at Healthy Teen Network events for two years following the “no show.”
- I must notify Healthy Teen Network of any changes to the information contained in this session proposal form (e.g., presenter change, AV support, etc.) by August 31, 2019.
- I will NOT be able to make AV support changes to the session after **August 31, 2019**.
- I must provide Healthy Teen Network with electronic copies of slides and handouts by **August 31, 2019**, regardless of whether I choose to share these materials on Healthy Teen Network's website with Healthy Teen Network members and conference attendees.
- If I wish to share any paper copies of session materials with workshop attendees, I am responsible for providing copies. Healthy Teen Network will not print or copy my materials.
- Healthy Teen Network will provide wireless internet, an easel with an easel pad, markers, projector, screen, and laptop speakers for all workshop sessions, as well as a microphone and/podium in rooms large enough to warrant the need.
- Laptops will NOT be provided.** I must bring a laptop if I intend to display a presentation on the projection screen. If I bring an Apple laptop, I must bring my own adapter to connect to the projector. Healthy Teen Network will NOT be able to provide one for me.
- Additional AV support may be requested using this form, to be provided at my own expense.

- I must refrain from mentioning, selling, or promoting any products or services that would result in financial gain for me or my companies unless I have disclosed my interests on my faculty disclosure. I will also inform the audience of my interests before commencing with my session. Products and services include, but are not limited to, curricula, program models, books, consulting, special reports, DVDs, webinars, memberships, and subscriptions.
- I must refrain from discussing fees/fee ranges of my products or services during my session. In the event that a participant asks for this information during a session, Healthy Teen Network suggests offering to answer the question after the close of the session.
- Healthy Teen Network may include any of the information provided in this session proposal in the promotional materials for this conference and reserves the right to edit that information.
- Healthy Teen Network reserves the right to reject any session proposal at its discretion.

I have read and agree to abide by the Healthy Teen Network Presenter Contract. I understand that, should my session proposal be selected for inclusion in this conference, my electronic signature below indicates my willingness to present, and failure to adhere to these guidelines may result in the cancellation of my workshop, as well as restriction from presenting at a future Healthy Teen Network conference. \*

(Use the cursor to sign the Presenter Contract electronically and type your name in the box below.)

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Sign name using mouse or touch pad

Signature of

## Lead Presenter Information

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Please type your name and organization as you would like it to appear in the final text of the conference website and program, if your session is accepted.

First Name \*

Last Name \*

Credentials \*

Presenters' credentials are required as part of our Continuing Education Unit applications.

Please select all that apply.

- |   |                                |                                 |                                |                                |   |
|---|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> CSE   | <input type="checkbox"/> FNAP   | <input type="checkbox"/> LMSW  | <input type="checkbox"/> MHS   | <input type="checkbox"/> PGCE             |
| <input type="checkbox"/> ANEF           | <input type="checkbox"/> CSHE  | <input type="checkbox"/> FSAHM  | <input type="checkbox"/> LPN   | <input type="checkbox"/> MLIS  | <input type="checkbox"/> PhD              |
| <input type="checkbox"/> BA             | <input type="checkbox"/> CVA   | <input type="checkbox"/> HMA    | <input type="checkbox"/> LSSGB | <input type="checkbox"/> MPA   | <input type="checkbox"/> PNP              |
| <input type="checkbox"/> BS             | <input type="checkbox"/> DM    | <input type="checkbox"/> ICPS   | <input type="checkbox"/> LSW   | <input type="checkbox"/> MPH   | <input type="checkbox"/> PPS              |
| <input type="checkbox"/> BSN            | <input type="checkbox"/> DNP   | <input type="checkbox"/> JD     | <input type="checkbox"/> MA    | <input type="checkbox"/> MPIA  | <input type="checkbox"/> RN               |
| <input type="checkbox"/> CHES           | <input type="checkbox"/> DrPH  | <input type="checkbox"/> LBSW   | <input type="checkbox"/> MAT   | <input type="checkbox"/> MPL   | <input type="checkbox"/> RNBSN            |
| <input type="checkbox"/> CLC            | <input type="checkbox"/> EdD   | <input type="checkbox"/> LCSW   | <input type="checkbox"/> MBA   | <input type="checkbox"/> MS    | <input type="checkbox"/> ScD              |
| <input type="checkbox"/> CLE            | <input type="checkbox"/> EdS   | <input type="checkbox"/> LCSW-C | <input type="checkbox"/> MCHES | <input type="checkbox"/> MSN   | <input type="checkbox"/> WHNP-BC          |
| <input type="checkbox"/> CNM            | <input type="checkbox"/> Esq.  | <input type="checkbox"/> LGSW   | <input type="checkbox"/> MD    | <input type="checkbox"/> MSW   | <input type="checkbox"/> Other - Write In |
| <input type="checkbox"/> CPH            | <input type="checkbox"/> FAAN  | <input type="checkbox"/> LLPC   | <input type="checkbox"/> MDiv  | <input type="checkbox"/> NBCT  | <input type="text"/>                      |
| <input type="checkbox"/> CPS            | <input type="checkbox"/> FAANP | <input type="checkbox"/> LMFT   | <input type="checkbox"/> MEd   | <input type="checkbox"/> NP-BC |   |

Organization \*

Please do not abbreviate or use acronyms. What is entered here will be used in the final text of the conference program.

Work Email \*

Work Phone \*

Alternate Communication Method \*

Email

Phone

About the Lead Presenter \*

Please provide a brief summary about lead presenter to be **published on the conference website. (100-word minimum. 500-word maximum.)**

Attach Lead Presenter Resume or Curriculum Vitae \*

Only PDF documents 2MB or smaller accepted.

Browse...

3. Attach Lead Presenter headshot/photo to be used on the conference website. \*

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

Do you have a co-presenter? \*

This does not include youth presenters. Youth presenter information will be requested separately.

Yes

No

### Co-Presenter Information

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**Please type your name and organization as you would like it to appear in the final text of the conference website and program, if your session is accepted.**

Co-Presenter First Name \*

Co-Presenter Last Name \*

### Co-Presenter Credentials \*

**Presenters' credentials are required as part of our Continuing Education Unit applications.**

**Please select all that apply.**

- |   |                                |                                 |                                |                                |   |
|---|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> CSE   | <input type="checkbox"/> FNAP   | <input type="checkbox"/> LMSW  | <input type="checkbox"/> MHS   | <input type="checkbox"/> PGCE             |
| <input type="checkbox"/> ANEF           | <input type="checkbox"/> CSHE  | <input type="checkbox"/> FSAHM  | <input type="checkbox"/> LPN   | <input type="checkbox"/> MLIS  | <input type="checkbox"/> PhD              |
| <input type="checkbox"/> BA             | <input type="checkbox"/> CVA   | <input type="checkbox"/> HMA    | <input type="checkbox"/> LSSGB | <input type="checkbox"/> MPA   | <input type="checkbox"/> PNP              |
| <input type="checkbox"/> BS             | <input type="checkbox"/> DM    | <input type="checkbox"/> ICPS   | <input type="checkbox"/> LSW   | <input type="checkbox"/> MPH   | <input type="checkbox"/> PPS              |
| <input type="checkbox"/> BSN            | <input type="checkbox"/> DNP   | <input type="checkbox"/> JD     | <input type="checkbox"/> MA    | <input type="checkbox"/> MPIA  | <input type="checkbox"/> RN               |
| <input type="checkbox"/> CHES           | <input type="checkbox"/> DrPH  | <input type="checkbox"/> LBSW   | <input type="checkbox"/> MAT   | <input type="checkbox"/> MPL   | <input type="checkbox"/> RNBSN            |
| <input type="checkbox"/> CLC            | <input type="checkbox"/> EdD   | <input type="checkbox"/> LCSW   | <input type="checkbox"/> MBA   | <input type="checkbox"/> MS    | <input type="checkbox"/> ScD              |
| <input type="checkbox"/> CLE            | <input type="checkbox"/> EdS   | <input type="checkbox"/> LCSW-C | <input type="checkbox"/> MCHES | <input type="checkbox"/> MSN   | <input type="checkbox"/> WHNP-BC          |
| <input type="checkbox"/> CNM            | <input type="checkbox"/> Esq.  | <input type="checkbox"/> LGSW   | <input type="checkbox"/> MD    | <input type="checkbox"/> MSW   | <input type="checkbox"/> Other - Write In |
| <input type="checkbox"/> CPH            | <input type="checkbox"/> FAAN  | <input type="checkbox"/> LLPC   | <input type="checkbox"/> MDiv  | <input type="checkbox"/> NBCT  | <input type="text"/>                      |
| <input type="checkbox"/> CPS            | <input type="checkbox"/> FAANP | <input type="checkbox"/> LMFT   | <input type="checkbox"/> MEd   | <input type="checkbox"/> NP-BC |   |

### Co-Presenter Organization \*

**Please do not abbreviate or use acronyms. What is entered here will be used in the final text of the conference program.**

### Co-Presenter Work Email \*

Co-Presenter Work Phone \*

About the Co-Presenter \*

Please provide a brief summary about co-presenter to be **published on the conference website**. (100-word minimum. 500-word maximum.)

Attach Co-Presenter Resume or Curriculum Vitae \*

Only PDF documents 2MB or smaller accepted.

Browse...

4. Attach Co-Presenter headshot/photo to be used on the conference website. \*

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

Do you have a third presenter? \*

This does not include youth presenters. Youth presenter information will be requested separately.

Yes

No

### 3rd Presenter Information

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**Please type your name and organization as you would like it to appear in the final text of the conference website and program, if your session is accepted.**

3rd Presenter First Name \*

3rd Presenter Last Name \*

### 3rd Presenter Credentials \*

**Presenters' credentials are required as part of our Continuing Education Unit applications.**

**Please select all that apply.**

- |   |                                |                                 |                                |                                |   |
|---|--------------------------------|---------------------------------|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> CSE   | <input type="checkbox"/> FNAP   | <input type="checkbox"/> LMSW  | <input type="checkbox"/> MHS   | <input type="checkbox"/> PGCE             |
| <input type="checkbox"/> ANEF           | <input type="checkbox"/> CSHE  | <input type="checkbox"/> FSAHM  | <input type="checkbox"/> LPN   | <input type="checkbox"/> MLIS  | <input type="checkbox"/> PhD              |
| <input type="checkbox"/> BA             | <input type="checkbox"/> CVA   | <input type="checkbox"/> HMA    | <input type="checkbox"/> LSSGB | <input type="checkbox"/> MPA   | <input type="checkbox"/> PNP              |
| <input type="checkbox"/> BS             | <input type="checkbox"/> DM    | <input type="checkbox"/> ICPS   | <input type="checkbox"/> LSW   | <input type="checkbox"/> MPH   | <input type="checkbox"/> PPS              |
| <input type="checkbox"/> BSN            | <input type="checkbox"/> DNP   | <input type="checkbox"/> JD     | <input type="checkbox"/> MA    | <input type="checkbox"/> MPIA  | <input type="checkbox"/> RN               |
| <input type="checkbox"/> CHES           | <input type="checkbox"/> DrPH  | <input type="checkbox"/> LBSW   | <input type="checkbox"/> MAT   | <input type="checkbox"/> MPL   | <input type="checkbox"/> RNBSN            |
| <input type="checkbox"/> CLC            | <input type="checkbox"/> EdD   | <input type="checkbox"/> LCSW   | <input type="checkbox"/> MBA   | <input type="checkbox"/> MS    | <input type="checkbox"/> ScD              |
| <input type="checkbox"/> CLE            | <input type="checkbox"/> EdS   | <input type="checkbox"/> LCSW-C | <input type="checkbox"/> MCHES | <input type="checkbox"/> MSN   | <input type="checkbox"/> WHNP-BC          |
| <input type="checkbox"/> CNM            | <input type="checkbox"/> Esq.  | <input type="checkbox"/> LGSW   | <input type="checkbox"/> MD    | <input type="checkbox"/> MSW   | <input type="checkbox"/> Other - Write In |
| <input type="checkbox"/> CPH            | <input type="checkbox"/> FAAN  | <input type="checkbox"/> LLPC   | <input type="checkbox"/> MDiv  | <input type="checkbox"/> NBCT  | <input type="text"/>                      |
| <input type="checkbox"/> CPS            | <input type="checkbox"/> FAANP | <input type="checkbox"/> LMFT   | <input type="checkbox"/> MEd   | <input type="checkbox"/> NP-BC |   |

### 3rd Presenter Organization \*

**Please do not abbreviate or use acronyms. What is entered here will be used in the final text of the conference program.**

### 3rd Presenter Work Email \*

3rd Presenter Work Phone \*

About the 3rd Presenter \*

Please provide a brief summary about lead presenter to be **published on the conference website. (100-word minimum. 500-word maximum.)**

Attach 3rd Presenter Resume or Curriculum Vitae \*

Only PDF documents 2MB or smaller accepted.

Browse...

5. Attach 3rd Presenter headshot or picture to be used on the conference website. \*

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

Do you have any additional presenters? \*

This does not include youth presenters. Youth presenter information will be requested separately.

Yes

No

Please provide any additional presenters' contact information here. All presenters will be recognized in the final conference program and listed on the website. \*

**Please include first and last name, organization, credentials, and email address.**

6. Attach brief "About the Presenter" summary for each additional presenter(s) to be used on the conference website. \*

Only doc or docx files 2MB or smaller accepted. **(100-word minimum, 500-word maximum for each)**

Browse...

7. Attach Resume or Curriculum Vitae for any additional presenter(s). \*

Only PDF documents 2MB or smaller accepted

Browse...

8. Attach additional presenter(s) headshot/photo to be used on the conference website. \*

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

## Youth Presenter Information

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Do you have any youth presenters? \*

Yes

No

Please provide all youth presenters' names and their affiliations (e.g., organization or school), as appropriate. \*

9. Attach brief summaries about any youth presenter(s) to be used on the conference website. This is not required for youth.

Only doc or docx files 2MB or smaller accepted.

Browse...

10. Attach youth presenter(s) headshot/photo to be used on the conference website. This is not required for youth; a group picture may also be used.

Only png, gif, jpg, or jpeg files 2MB or smaller accepted. **Images must be a minimum size of 500 x 500 pixels.**

Browse...

## Session Information

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Session Title: \*

Note: Sessions with more descriptive and creative titles tend to attract more participants.

Session Description: \*

We suggest including detailed information about the content, intended audience, and learning strategies (e.g., games, video, role play). Because this description will be included in the final conference program for accepted session proposals, please write your session's description in a way that piques attendees' interest and provides a clear representation of what attendees may expect to learn or achieve during the session. **(100-word limit)**

The content of your session proposal is best described as: \*

- Presenting foundational and core competencies.
- Building and expanding on core competencies.
- Introducing new or emerging concepts and ideas.

## Conference Tracks

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All sessions are categorized into tracks based on the content. [Please click here](#) for the track descriptions and examples of sessions within each track from past Healthy Teen Network Conferences.

Identify the track relevant to the session: \*

- Innovation
- Research to Practice
- Advocacy & Social Change
- Foundations of Practice
- Sustainability

Please explain how your session/poster fits the track you selected. \*

## Presentation Chronicle

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Have you or your co-presenter(s) have presented at a Healthy Teen Network Conference in the past two years? If yes, please indicate the year(s) below. If no, please check the corresponding response. \*

- October 22-24, 2018, in San Diego—*Standing Strong and Keeping Youth at the Center*
- October 2-4, 2017, in Baltimore—*Social Norms and Culture: Honoring Experiences and Perspectives*
- I/we have not presented at a Healthy Teen Conference in the past two years.

Have you or your co-presenter(s) presented, or plan to present, this session/poster anywhere other than our conference between October 2018 and October 2019? \*

- Yes
- No

Please provide the date(s) and title(s) of the event(s). \*

11. Do you want your session materials to be shared with conference attendees and Healthy Teen Network members? \*

- Yes
- No

Healthy Teen Network promotes [evidence-based approaches](#), [innovation](#), and a holistic approach we call [Youth 360°](#).

12. Is your session content evidence-based?\*

- Yes
- No

13. Please explain why or why not. \*

(300-word limit)

Is your session content innovative? \*

- Yes
- No

Please explain why or why not. \*

(300-word limit)

Is your session content holistic (Youth 360°)? \*

- Yes
- No

Please explain why or why not. \*

(300-word limit)

How does your session reflect the conference theme, [SEX+: A Sexual Health Revolution](#)? \*

(100-word limit)

## Workshop Session Structure

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All workshops are 75 minutes in length, must be interactive, integrate [adult learning principles](#), and provide attendees with new tools, resources, and/or strategies applicable to their work. Are you aware of these requirements? \*

- Yes
- No

14. If selected, would you be interested in presenting your session twice? \*

- Yes
- No
- Maybe

15. If brief presentations (15 minutes) were offered during the conference, would you be willing to present on your session? \*

- Yes
- No
- Maybe

16. If selected for a 75-minute session, would you be interested in presenting a brief presentation (15 minutes) on your session, in addition to your 75-minute session? \*

- Yes
- No
- Maybe

## Workshop Session Content

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Please tell us more about your proposed 75-minute session. Include adequate time for activities, plus at least 5 minutes for questions and answers and 5 minutes to complete the session evaluation.

Use these [quick tips](#) to guide your presentation design.

Objective #1 \*

Use [SMART objectives](#). Be thorough, clear, and succinct in your responses.

By the end of this presentation, participants will be able to

What learning methods will you use to achieve Objective #1? \*

(Select all that apply.)

- Lecture
- Small and/or large group discussion
- Role play
- Case study
- Video
- Game
- Interactive activity
- Other: Please explain.

Time Allotted for Objective #1 \*

Objective #2 \*

Use [SMART objectives](#). Be thorough, clear, and succinct in your responses.

By the end of this presentation, participants will be able to

What learning methods will you use to achieve Objective #2? \*

(Select all that apply.)

- Lecture
- Small and/or large group discussion
- Role play
- Case study
- Video
- Game
- Interactive activity
- Other: Please explain.

Time Allotted for Objective #2 \*

Objective #3 \*

Use [SMART objectives](#). Be thorough, clear, and succinct in your responses.

What learning methods will you use to achieve Objective #3? \*

(Select all that apply.)

- Lecture
- Small and/or large group discussion
- Role play
- Case study
- Video
- Game
- Interactive activity
- Other: Please explain.

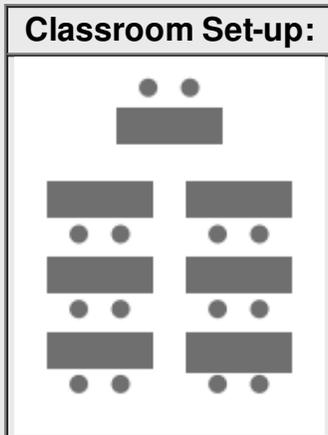
Time Allotted for Objective #3 \*

## Room and AV Set-up

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All workshops will be placed in a classroom-style setting. See diagram below.

*Healthy Teen Network reserves the right to change the room set-up based on room size and the number of participants.*



## AV Support

The following will be provided at no additional cost to you:

- Basic wireless internet;
- LCD projector, screen, and speakers for a laptop;
- An easel with an easel pad and markers; and
- Microphone and/or podium *in rooms large enough to warrant the need.*

Do you require additional AV support? \*

Healthy Teen Network can help arrange for additional AV support, **to be provided at your expense**. We will contact you with cost information after the session proposal is accepted.

- No, I do not require additional AV support.
- Yes, I require additional AV support. Please explain:

## Healthy Teen Network Faculty Disclosure of Conflict of Interest

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For the purpose of providing Continuing Education Units (CEUs) to our attendees, Healthy Teen Network requires disclosure of any significant relationship(s) or affiliation(s) with any organization.

Significant relationships include receiving research grants, speakers' bureau membership, consultancies, honoraria and travel, other benefits from a company, or having a self-managed equity interest in a company. The disclosure of a significant relationship does not suggest or condone bias in any session. Disclosure provides attendees with information that may be important to their evaluation of a session.

\*

- No, I do not nor do any of my co-presenters, or our immediate family members, have a significant relationship with any commercial companies or any directly competing company whose product(s) or services I will refer to in my session(s).
- Yes, I or one of my co-presenters, or an immediate family member, has a significant relationship with a commercial company or any directly competing company whose product(s) or services I will refer to in my session(s).

Please name the company/companies and explain the relationship. \*

Select the **SUBMIT** button below to submit your final session proposal. A confirmation email and PDF copy of your proposal will be sent to the email address of the lead presenter (and any co-presenters).