**Program Submission Worksheet**

**NCCHA 2025 Annual Meeting**

*October 22-24, 2025*

 **SUBMISSION INSTRUCTIONS**

**SUBMISSION DEADLINE: June 30, 2025**

**STEP 1:** Compile all information in this worksheet.

**STEP 2: Forward the Co-Presenter Bio/Disclosure Form to all co-presenters** to complete and return to you in Word format, along with the full title of your program, and a copy of their CV, immediately after submitting your program.

* All presenters’ bio/disclosure forms MUST be received at the time of your program submission.
* Program submissions are not considered complete and ready for review until all presenters’ forms have been submitted.
* As the primary presenter, you are responsible for ensuring forms are submitted in a timely manner.

**STEP 3:** Once all information is complete and can be entered online **in one sitting**, cut and paste the information into the [**Online Program Submission Form**.](https://app.smartsheet.com/b/form/b58153e0bdb6494984f328d495504dda) This form is on the Annual Meeting page of the [NCCHA website](https://www.acha.org/NCCHA/Default.aspx).

* When completing the online form, you will be asked to attach this Program Submission Worksheet, the Bio/Disclosure forms for your co-presenters, and all presenters’ CVs.

Required fields are indicated by an asterisk “\*”. Retain this worksheet for future reference.

**Program Submission Worksheet**

**NCCHA 2025 Annual Meeting**

*October 22-24, 2025*

 **GENERAL INFORMATION**

**PROGRAM TITLE\***The title of the proposed program should reflect the content of that program. While cute titles may sound clever, they tend to detract from the professionalism of the conference and make it harder to determine what will be presented.

|  |
| --- |
|  |

**PRESENTERS\***List all presenters, including yourself, who will participate in this program. *Reminder to send the Word form to all co-presenters to complete their bio/disclosure forms.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Degrees** | **Institution/Employer** |
|  |  |  |
|  |  |  |
|  |  |  |

 **PROGRAM DESIGN**

**EDUCATIONAL NEEDS\***

**i** [Program Design Guidance](https://www.acha.org/ACHA/Events_and_Education/Program_Design_Guidance.aspx)

**Briefly describe the overall reason for developing your program.** Develop your statement by answering the following questions:

A

**What is the problem your program will address (include your intended audience/participants)?***Ask yourself, what is the difference between what your intended participants* ***currently*** *know and are doing and what they* ***should*** *know and do. The gap between these practices is the problem to be addressed. The intended participants can be stated broadly or specifically (i.e., campus health professionals, primary care providers, physicians)*

**How was this problem discovered?**
*Reference specific data, guidelines, expert sources, etc. See additional guidance in the link above for potential sources.*

B

**As a result of attending this program, what will participants know (facts, information) and/or know how to do (skills, strategies, judgments) that will impact their practice/behavior and contribute to resolving the problem?**

C

B

*EXAMPLE*

Forty-six percent of college student health centers use an integrated care model, up from 26% in 2007 (Readden, *JACH,* 2019), a trend that continues to grow. Through informal surveys and peer discussion via the ACHA listserv, a significant number of campus health professionals have expressed that the process of gaining buy-in, designing, and implementing an integrated care model has proven challenging and they do not feel fully prepared. After this session, participants will have thorough knowledge of change leadership, services that can be offered in an integrated system, and technology needs, as well as the ability to apply strategies to develop an integrated culture and a DEIJA framework. Participants will be prepared
to design and implement an integrated health and wellness model on their campus.

A

C

|  |
| --- |
| *Your response:* |

**LEARNING OBJECTIVES**

**i** [Instructions for Writing Learning Objectives](https://www.acha.org/ACHA/General/Writing_Objectives.aspx)

Learning objectives should:

1. Specifically state what the learner will know or be able to do upon completion of the program, completing the sentence “After this session, attendees should be able to…”.
2. Directly align with fulfilling the expected changes in knowledge or skills that were described in your needs statement above.
3. Begin with a measurable verb, contain only one verb, and address only one action.

**Note:** If the presentation will address mental health issues, please ensure this is reflected in the learning objectives.

**Selecting Verbs**

**Use measurable verbs from the lists below** depending on if the objective’s intent is for the attendee to show a gain in knowledge (to know facts or information) or a gain in competence (to know *how* to do something, such as a skill or application of a strategy or judgment).

|  |  |  |
| --- | --- | --- |
| **Knowledge verbs** | **Competence verbs** | **AVOID the following verbs** |
| Define DescribeDiscussDistinguishExplainIdentify | IndicateListOutlineRecognizeSelect | AnalyzeApplyAssessCreateCompareDesignDevelop | EvaluateExecuteImplementInterpretPlanPrepareUse | AppreciateBecome aware ofExploreFamiliarize | Know/Know howImproveLearnUnderstand |

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objective** 2-3 learning objectives are recommended for a 60- or 90-minute session. | **Content**Describe the specific content that you will present for this learning objective. Content must:* Be in the form of a brief list
* Include details beyond a restatement of objectives
* Be evidence-informed or based on the best available evidence
 | **Length** (i.e., 25%, 33%, 50%)The total of all objectives should equal 100%. | **Presenter(s)**List all presenters who may contribute to this objective. |
| *Example:* Describe three change theory models. | * Kotter's Model of Change
* Transformational leadership theory
* Lewin's change management
* McKinsey's 7-S model, etc.
 | *25%* | *James SmithBelinda Jones* |
| Evaluate organizational structures that can support integrated care. | * The 4C’s of organizational culture
* East University’s Wellness Wheel and stepped-care model
* Custom self-assessment and strategy development tool
 | *75%* | *James Smith* |
| **\*1.**  |  |  |  |
| **\*2.**  |  |  |  |
| **3.** |  |  |  |
| **4.**  |  |  |  |

**FORMAT\***

**Design the program based on how best to accomplish the learning objectives.** Other than lecture and slides/visuals, which active learning strategies will be incorporated into your presentation? Select all that apply.

\_\_ Examples/Analogies

\_\_ Matching Question and Answer

\_\_ Fill in the blank

\_\_ Review

\_\_ Pre/post-test

\_\_ Immediate feedback (polls, prompt questions)

\_\_ Facilitated Discussion
\_\_ Q&A period

\_\_ Small Group Breakouts/Report Back

\_\_ Large Group Discussion/Report Back

\_\_ Role playing

\_\_ Reflective writing exercise

\_\_ Problem exercise

\_\_ Case study exercises

\_\_ Develop a plan

\_\_ Demonstration

\_\_ Simulation

\_\_ Hands-on (skill-building)

\_\_ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES\***

**Provide references used to develop your program content and that support your learning objectives.**

Content can be based on:

|  |  |
| --- | --- |
| **Correct** | **Incorrect** |
| Seaquist, E.R. (2014). Addressing the Burden of Diabetes. *JAMA, 2014,* Vol. 311, No. 2:62267-2268. | JAMA article on Diabetes |
| University of Michigan Sleep Disorders Centers, https://medicine.umich.edu/dept/sleep-disorders-centers | Research from Michigan on Sleep Disorders |

* Peer-reviewed journal(s)/resource(s)
* Clinical guidelines, public health practice guidelines
* Expert or expert group resource(s) (i.e., books, articles, websites)
* Textbooks
* Best practices or new and emerging issues
* Research reports

**Full citations are requested**, but at *minimum*, provide complete source titles with their publication/organization name, web url, volume no., etc., so that sources can be easily located.

|  |
| --- |
|  |

 **PROGRAM OVERVIEW**

**TARGET AUDIENCE\***

**Who will benefit from attending this program?** Select all that apply.

\_\_ Administrator

\_\_ Advanced Practice Clinician

\_\_ Dietician/Nutritionist

\_\_ Health Educator/Health Promotion Specialist

\_\_ Health Information Management Professional

\_\_ Mental Health Professional

\_\_ Nurse
\_\_ Pharmacist

\_\_ Physician

\_\_ Psychiatrist

\_\_ Student Affairs Professional

\_\_ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABSTRACT\***

Provide a short (75 words), descriptive abstract of your presentation that will be inserted VERBATIM in conference materials. Please be concise and clear with your description. If your presentation will address original research, please specify.

|  |
| --- |
|  |

**DEIJA CONTENT**

**i** [DEIJA Programming Guidance](https://www.acha.org/App_Themes/AM24/documents/ACHA_DEIJA_Programming_Guidance.pdf)

**Does your program address diversity, equity, inclusion, justice and/or accessibility?** If it is clear in the session title, abstract, and/or learning objectives how your session addresses DEIJA, you can skip this question. If it is not clear, describe how it explores or addresses systemic barriers that impede marginalized populations from achieving health outcomes. These systems may include, but are not limited to social, economic, demographic, cultural, or geographic policies, processes, and practices that create barriers for specific populations.

|  |
| --- |
|  |

**PHARMOCOLOGY CONTENT**

**Will your presentation include content related to pharmacology?\***If yes, please ensure that your objectives and content above validate the pharmacology component.

\_\_ Yes \_\_ No

If yes, please estimate the percentage of session content related to pharmacology.

\_\_ 10% \_\_ 33% \_\_ 50% \_\_ 75% \_\_ 100%

*Continue to bio/disclosure form on next page.*

**PRIMARY PRESENTER
BIO AND DISCLOSURE FORM**

*The primary presenter is the main contact person for this proposal. It is the primary presenter's responsibility to ensure that the information submitted for the program and for all co-presenters is complete and accurate. Presenter Information is required for each presenter, co-presenter, panel member, discussion leader, etc. If a presenter is speaking more than once, this information must be submitted for each program.*

*All disclosures that are determined by the ACHA/NCCHA Program Planning Committee to be relevant relationships will be shared with the participants/learners in meeting materials and prior to the start of the educational activity.*

Program Title\*: Name\*:

Job Title\*: Email\*:

Institution/Employer\*: Phone\*:

**List your completed academic degree(s), institution where the degree was earned, and major or specialty area.**

|  |  |  |
| --- | --- | --- |
| **Degree** | **Institution**  | **Major/Specialty Area** |
| *PhD* | *ABC University* | *Clinical psychology* |
|  |  |  |
|  |  |  |

**List any current certifications**(e.g., CHES, APN, LPC):

|  |
| --- |
|  |

**BIOGRAPHICAL QUALIFICATION STATEMENT\***

As you prepare your bio statement, please do not put “See CV” or other attachment. Consider the following when preparing your response:

* Clearly state your content expertise related to the topic of your presentation.
* Include relevant academic appointments, involvement in professional organizations, and/or awards/honors received.
* Specify the number of years you’ve been working on the program initiative, topic area, or specialty.
* Describe your involvement in implementation of research, initiative, topic area, or specialty.
* Indicate whether you have presented on this topic before. (If you would like to submit your CV for specifics, you can upload on the online form.)

*EXAMPLE*

I have been working as a Psychologist in our Counseling Center for five years. My dissertation was on identity development among trans students. In my current role I primarily work with trans students, and I serve as the Co-Investigator of this study. I have presented about this research on-campus and at other national conferences.

|  |
| --- |
| I am qualified to give this specific presentation because…  |

 **CONFLICT OF INTEREST (COI) DISCLOSURE**

**POLICY**

ACHA/NCCHA is obligated to the organizations that grant us CE accreditation/approval to ensure that all educational activities are developed and presented with independence, objectivity, and scientific rigor. It is our responsibility to ensure that they are free from promotion of specific goods or services, and that they are free from actual or potential bias.

All faculty/presenters/authors/planners are required to disclose **all financial relationships** with any ineligible companies (defined below) that you have had over the past 24 months, regardless of the amount and regardless of whether you view the financial relationships as relevant to the education. The Program Coordinator will identify and mitigate, as appropriate, any relevant relationships and **the presence or absence of relevant financial relationships for all persons in control of content** will be disclosed to the participants/learners **before the learner engages in the education**.

*Please note:* the identification of financial relationships with ineligible companies does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.

\_\_ **I have read, fully understand, and agree to adhere to the conflict of interest information above and below.**\*

**DISCLOSURE OF RELATIONSHIP(S)**

**Definitions**

**Ineligible Company:** The ACCME defines an ineligible company as any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit [www.accme.org/standards](http://www.accme.org/standards)

**Relevant Relationship,** as defined by ACCME and ANCC, are relationships with an ineligible company, if the products or services of the ineligible company are related to the content of the educational activity. Individual stocks and stock options **MUST** be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies **MUST** be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.

**Nature of the Financial Relationship:** Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.

**During the past 24 months have you had a financial, professional, or personal relationship (including self-employment and sole proprietorship) with a company (as defined above)?\***If you have a financial relationship with a company but aren’t sure whether it fits the definition above, it’s best to check yes and include the information.

\_\_ Yes \_\_ No

**If yes, list the full company name(s) with the specific relationship(s). Also indicate whether the CE content over which you have control contains information about products or services of the ineligible company.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Ineligible Company | Nature of the Financial Relationship | Has the Relationship Ended? | Does the program contain information about products or services of the company. |
|  |  |[ ] [ ]
|  |  |[ ] [ ]

**OFF-LABEL USE**

**Will your presentation include discussion of off-label, experimental, and/or investigational use of drugs, devices, medical procedures, or interventions?\***

\_\_ Yes \_\_ No

**If yes, list drugs, devices, and/or procedures to be discussed.**

|  |
| --- |
|  |

**SIGNATURE\***

By typing my name below, I am providing my electronic signature indicating that all the information entered in this Program Submission Form is accurate. I further attest that I will not promote any products, goods, or services, or bias the educational activity in any manner.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |