2027 SWCHA Annual Partners Conference Call for Program Submission

SWCHA 2027 Annual Partners Conference
January 6-8, 2027
Dallas-Fort Worth, Texas

SUBMISSION INSTRUCTIONS

SUBMISSION DEADLINE: September 21, 2026

STEP 1: **Important!** You must read and ensure that you fully understand that you are responsible for adhering to the PRESENTATION GUIDELINES outlined by ACHA. While the SWCHA Annual Partners Conference is not the same event as the ACHA Annual Meeting, the guidelines outlined by ACHA for the Annual Meeting will also apply to the SWCHA Annual Partners Conference.

STEP 2: Compile all information and enter it into this worksheet. Please remember to:

- Include identifying information in *only* the presenters' listing and the contact information on the bio and disclosure form. This ensures all programs are reviewed equitably.
- Ensure that all required fields are answered.

STEP 3: **Forward the Co-Presenter Bio/Disclosure Form to all co-presenters** to be completed and included in your program submission.

STEP 4: Attach Program Submission Worksheet along with **all Co-Presenter Bio/Disclosure Forms and a CV or resume for each presenter** to a single email and send to SWCHA.ACHA@gmail.com using the subject "**SWCHA Program Submission: Full title of your program.** Please be sure to include the following information in the body of the email:

- Primary presenter's first and last name
- Primary presenter's email address
- Full title of program
- First and last name of co-presenter(s), if applicable

Note: Please submit one program submission per email. The primary presenter is responsible for ensuring all elements of the submission are sent in a timely manner.

Required fields are indicated by an asterisk "*****".

GENERAL INFORMATION

PROGRAM TITLE*

The title of the proposed program should be succinct and descriptive of the content in the 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. Remember to send the Co-Presenter Bio/Disclosure Form to co-presenters so they can be paired with this program submission worksheet.

Name

PROGRAM DESIGN

EDUCATIONAL NEEDS*

i Program Design Guidance

BRIEFLY describe the need and desired outcome for your program by answering the questions below. Note: This should not be a description what will be covered, but rather support *why* the program is needed. See Program Design Guidance for additional examples.

A **What is the problem your program will address as relates to the practice or professional setting of your intended audience?** *Ask yourself, what is the difference between what your intended participants **currently** know and are doing and what they **should** know or be able to do. The gap between these practices is the problem to be addressed. Your statement should be phrased as a deficit(s) in knowledge and/or skills of the intended audience that are contributing to the problem.* Example: "Current guidelines recommend X, but this is not yet commonly achieved in practice because campus providers are lacking knowledge of the latest recommendations from XXX Agency."

B **How was this problem discovered (supporting evidence)?** *Reference specific data, guidelines, expert sources, etc. that support that the problem above exists.*

C **How will your program objectives address what participants need to know (facts, information) and/or know how to do (skills, strategies, judgments) in order to resolve the problem you've identified above?**

EXAMPLE

A

Integrated care models are becoming more popular, but many campus health professionals are lacking comprehensive knowledge of the model and effective strategies for implementation. 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. This session will seek to close the knowledge gap particularly regarding change leadership, offerings available in an integrated system, technology needs, and strategies for developing an integrated culture. Participants will be better prepared to design and implement an integrated health and wellness model on their campus.

B

C

Your response:

LEARNING OBJECTIVES

i Guidance for Developing Successful Learning Objectives

Learning objectives should:

1. Specifically state what the learner will know or be able to do immediately upon completion of the program, completing the sentence "After this session, attendees should be able to…".
2. Aim to directly accomplish 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 outcome.

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	Indicate	Analyze	Evaluate	Appreciate	Know/Know how
Describe	List	Apply	Execute	Become aware of	Improve
Discuss	Outline	Assess	Implement	Explore	Learn
Distinguish	Recognize	Create	Interpret	Familiarize	Understand
Explain	Select	Compare	Plan		
Identify		Design	Prepare		
		Develop	Use		

Learning Objective 2-3 learning objectives are recommended for a 60- or 90-minute session.	**Content** List 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 Smith* *Belinda 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.			

TEACHING METHODS*

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.

If objective uses a KNOWLEDGE verb:

- ☐ Examples/Analogies
- ☐ Review
- ☐ Polling Questions (multiple-choice, true/false)
- ☐ Quiz or game designed to recall facts (i.e., multiple choice, fill in the blank, matching question and answer)
- ☐ Pre- and post-test (designed to recall facts)

If objective uses a COMPETENCE verb:

- ☐ Case Studies
- ☐ Pre/post-test (designed to demonstrate skills, i.e. case scenario-based questions)
- ☐ Application Exercises
- ☐ Demonstration
- ☐ Pro/Con Grids
- ☐ Role Play or Simulation
- ☐ Hands-on (skill-building)

For any objective:

- ☐ Discussion/discussion groups
- ☐ Q&A period
- ☐ Other, specify _____

REFERENCES*

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

Content can be based on:

- 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.

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

PROGRAM OVERVIEW

TARGET AUDIENCE*

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

- ☐ Administrator
- ☐ Advanced Practice Clinician
- ☐ Dietitian/Nutritionist
- ☐ Health Educator/Health Promotion Specialist
- ☐ Health Information Management Professional
- ☐ Health and Well-Being Executive Leader
- ☐ Mental Health Professional
- ☐ Nurse
- ☐ Pharmacist
- ☐ Physician
- ☐ Psychiatrist
- ☐ Student Affairs Professional
- ☐ Other, specify: _____

EXPERIENCE LEVEL*

Select the level of experience attendees should have related to this topic to benefit from this session?

- ☐ Entry Level
- ☐ Intermediate or Mid-Level
- ☐ Senior or Executive Level

TYPE OF SUBMISSION*

Choose the format most appropriate for your session's topic, objectives, and content. Select one.
Note that we may not be able to accommodate your preference.

☐ 60-minute General Session
☐ 50-minute Breakout Session
☐ I can adjust my presentation for either General or Breakout Session

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.

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 Program Planning Committee will **not** be given presenter or co-presenter names, job titles, or institution/employer names. Please make sure you provide enough biographic and demographic information to help the committee understand your qualifications.*

Program Title*:

CONTACT INFORMATION

Important: Enter your name, degrees, and institution exactly as they should appear in public conference materials.

Name*:

Degree(s)*:

Institution*:

Job Title*:

Email*:

Phone*:

EDUCATION

List your completed academic degree(s) and major or specialty area.

Degree, License, or Certification	Major/Specialty Area
Example: PhD *CHES*	*Public Health* *Certified Health Promotion Specialist*

QUALIFICATION STATEMENT*

Word count: 150 or less

Please provide complete information in this section, as presenter qualifications factor heavily in the decision-making process of the program planners and continuing education reviewers.

As you prepare your bio statement, please do not put "See CV" or other attachment. Do not copy and paste your CV into the answer field. Consider the following when preparing your response:

- **Write in the first-person tense and do not include your name, institution, job title, or any other easily identifiable information.**
- 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.

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…

OTHER DEMOGRAPHICS

Check all that apply related to yourself or your institution. If you are not at an institution of higher education, you may skip those sections.

Areas of Practice (past or present)	Institutional Demographics	Student Population
☐ Administration	☐ 2-year institution	☐ Less than 2,500
☐ Health Promotion/Wellness	☐ 4-year institution	☐ 2,501-4,999
☐ Health and Well-Being Executive Leadership	☐ Public institution	☐ 5,000-9,999
☐ Clinical Services	☐ Private institution	☐ 10,000-19,999
☐ Mental Health/Counseling	☐ HBCU	☐ 20,000 or more
☐ Pharmacy	☐ Other minority-serving institution	
☐ Student Affairs	☐ Other: _____	
☐ Other: _____		

CONFLICT OF INTEREST (COI) DISCLOSURE

POLICY

ACHA 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. Additional entities that are considered by ACHA to be ineligible companies include for-profit entities that develop, produce, market, or distribute products and services that promote wellness, and that provide administrative products and/or services used in student health.

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.

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.

COPYRIGHT PERMISSION*

☐ I attest that all images, photographs, logos, music, videos, and illustrations included in my presentation are my own work or that of my co-presenter(s), or I have permission from the author to include this content in my presentation. Nothing in the presentation infringes the ownership rights, including copyright, of any third party. I further agree to properly cite the source of any copyrighted materials in my slides, including text indicating "reprinted with permission," or as advised by the copyright holder.

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

SUBMISSION REMINDER

Be sure you include all of the following information documents in your submission:

- Program Submission Form
- Co-Presenter Bio/Disclosure Form for each co-presenter
- CV or Resume for each presenter