**A logo for a company

AI-generated content may be incorrect.**

**Program Submission Worksheet**

**SUBMISSION INSTRUCTIONS**

**SUBMISSION DEADLINE: September 22, 2025**

**STEP 1:** **IMPORTANT!** You must read and will be asked to attest that you fully understand and agree to adhere to the [**General Policies for Presenters**](https://www.acha.org/wp-content/uploads/General_Policies_Presenters_2026.pdf) **and** [**Presentation Guidelines**](https://www.acha.org/wp-content/uploads/Presentation-Guidelines_2026.pdf). Key information includes:

* Presenter Registration, Travel, and Lodging expectations
* Eligibility for presenters to receive funding
* Presenter Disclosure and Eligibility
* Use of Artificial Intelligence (AI)
* Learning methods

**STEP 2:** Compile all information in 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:** 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/01975a8c941d764d84de61b015847aa8)

**STEP 4:** **Forward this link to all co-presenters,** [**Co-Presenter Bio/Disclosure Form,**](https://app.smartsheet.com/b/form/01975a993f557406921ae1193379f4f7)along with the full title of your program, immediately after submitting your program in step 3.

* All presenters’ bio/disclosure forms MUST be received by ACHA at the time of your program submission – or immediately thereafter.
* 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.

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

**FAQs**

*When will I find out if my program has been selected?*The primary presenter will receive an email with their selection status in mid-late December 2025.

*When do I have to have my panel of presenters finalized?*At the time of your submission of this form. The credentials, background, and disclosures of all panelists are considerations in the selection process.

*Am I permitted to make changes to my content or panelists later?*While we do require all program and presenter information to be completed at the time of submission, we do understand that occasionally there is a need to make a late change. If there are any changes to presenters, session title, or learning objectives, we ask that you **email** [**education@acha.org**](mailto:education@acha.org) **immediately**. Depending on the change, the submission may need to be re-evaluated for inclusion in the program and/or for CE credits/contact hours.

*Why do you need me to provide all of this information?*

ACHA offers CE credit/contact hours for numerous areas of practice and is required to collect and document all of the information included in this form. In many areas, the criteria for awarding credit is quite broad and all sessions qualify for at least one type of credit/contact hours.

**QUESTIONS ?** Email [education@acha.org](mailto:education@acha.org).

**Program Submission Worksheet**  
ACHA 2026 Annual Meeting

**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.

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**PRESENTERS\***List all presenters, including yourself, who will participate in this program. *Reminder to send the link in Step 4 above to all co-presenters to complete their bio/disclosure forms.*

|  |
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| **Name** |
|  |
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**PROGRAM DESIGN**

**EDUCATIONAL NEEDS\***

**i** [**Program Design Guidance**](https://www.acha.org/education-events/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](https://www.acha.org/education-events/program-design-guidance/) for additional examples.

**What is the problem your program will address as it 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.”

A

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

B

**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?**

C

A

*EXAMPLE*

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.

C

B

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| *Your response:* |

**LEARNING OBJECTIVES**

**i** [Guidance for Developing Successful Learning Objectives](https://www.acha.org/education-events/guidance-for-designing-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  Describe Discuss Distinguish Explain Identify | Indicate List Outline Recognize Select | Analyze Apply Assess Create Compare Design Develop | Evaluate Execute Implement Interpret Plan Prepare Use | Appreciate Become aware of Explore Familiarize | Know/Know how Improve Learn Understand |

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Objective**  2-3 learning objectives are recommended for a 60- or 90-minute session.  **Begin each objective with a verb from the lists above, do not include any additional verbs, and end the objective with a period.** | **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:

|  |  |
| --- | --- |
| **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.

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**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\***

**i** [Description of Types of Submissions](https://www.acha.org/education-events/types-of-submissions/)

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

\_\_ 3-hour Pre-Conference Workshop

\_\_ 60-minute General Session

\_\_ 90-minute General Session *(Note that we are only offering a limited number of 90-minute sessions. If you select this time, you MUST be able to fill the entire 90 minutes with content.)*

\_\_ I can adjust my general session for either 60 or 90-minutes

**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.

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**EQUITY IN CARE CONTENT**

**i** [Equity In Care Content Guidance](https://www.acha.org/wp-content/uploads/Equity_in_Care_Content_Guidance.pdf)

**To what extent does your program address health disparities in your institution or across college health as a whole?** Describe how it explores or addresses the challenges preventing optimal health outcomes for all students. These barriers may include social, economic, demographic, cultural, or geographic policies, processes, and practices.

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**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/certifications, and institution exactly as they should appear in public conference materials.***

Name\*: Degree(s)/Certification(s)\*:

Institution\*: Job Title\*:

Email\*: Phone\*:

**MAJOR/SPECIALTY AREA**

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

|  |  |
| --- | --- |
| **Degree/ Certification** | **Major/Specialty Area** |
| *Ex: PhD* | *Ex: Clinical Psychology* |
|  |  |
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**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  \_\_ Health Promotion/Wellness  \_\_ Health and Well-Being Executive Leadership  \_\_ Clinical Services  \_\_ Mental Health/Counseling  \_\_ Pharmacy  \_\_ Student Affairs  \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ 2-year institution  \_\_ 4-year institution  \_\_ Public institution  \_\_ Private institution  \_\_ HBCU  \_\_ Other minority-serving institution  \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ Less than 2,500  \_\_ 2,501-4,999  \_\_ 5,000-9,999  \_\_ 10,000-19,999  \_\_ 20,000 or more |

**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. |
|  |  |  |  |
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**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.**

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**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** |
|  |  |