

**Abstract Submission Form**

**Please return to** [GPHA.CFA@gmail.com](mailto:GPHA.CFA@gmail.com) **by October 31,2017 at 5:00PM**

**There will be no extensions.**

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| **ABSTRACT AND LEARNING OBJECTIVES**  *Refer to Instructions for details on each element of the submission.* | | |
| **Title of Session:** |  |
| **Learning Method:**  *(check one)* | Poster  Student Poster  Live Workshop (30 min)  Live Workshop (60 min)  Poster or 30-min Live Workshop |
| **Abstract:**  *(300 words or less)* | **BACKGROUND:**  **METHODS:**  **RESULTS OR ANTICIPATED RESULTS:**  **CONCLUSIONS:**  **KEY WORDS (UP TO 7):** |
| **Learning Objective:** | At the end of this presentation, learners will be able to       **.** |
| **Gap(s) to be Addressed:** | My presentation will increase public health practitioners’       (knowledge of or performance in) the following competency area(s),     . |

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| **Section Interest:**  *(select* **ALL** *that apply)* | Academic  Accreditation  Administration  Behavioral Health  Boards of Health  Environmental Health | Epidemiology  Health Education & Promotion  Health Info & Info Technology  Laboratory  Maternal & Child Health  Medical/Dental | | Nursing  Nutrition  Office Personnel  Primary Health Care  Safety & Health Preparedness | | |
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| **Presenter Name (1):** |  | | **Degree/Credential:** | |  |
| **Student:** | Yes  No | | | | | |
| **Workplace/Org/School:** |  | | | | | |
| **Address:** |  | | | | | |
| **City, State & Zip:** |  | | **Country:** | |  |
| **Phone:** |  | | **Fax:** | |  |
| **Email:** |  | | | | | |
|  | | | | | | | |
| **Presenter Name (2):** |  | | **Degree/Credential:** | |  |
| **Student:** | Yes   No | | | | | |
| **Workplace/Org/School:** |  | | | | | |
| **Address:** |  | | | | | |
| **City, State & Zip:** |  | | **Country:** | |  |
| **Phone:** |  | | **Fax:** | |  |
| **Email:** |  | | | | | |
|  | | | | | | | |
| **Additional Author Name(s):** | |  |  |  | | --- | --- | --- | |  | **Degree/Credential:** |  | |  | **Degree/Credential:** |  | |  | **Degree/Credential:** |  | | | | | | |

**Presenter Conflict of Interest Biodata/COI Form**

***All on-site presenters, including those presenting posters, must complete this form.***

**Instructions:** Fill out the form below, sign electronically; date and email with your abstract submission to [GPHA.CFA@gmail.com](mailto:GPHA.CFA@gmail.com). Do not submit curriculum vitae or resumes. Each on-site presenter must submit a form. Attach

multiple copies as needed.

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| **Contact Information** | | | | |
| **Meeting:** | 2018 GPHA Annual Meeting & Conference | | | |
| **Abstract Title:** |  | | | |
| **Presenter’s Name:** |  | | **Degree/Credential:** |  |
| **Student?** | | Yes  No | | |
| **Affiliation:** |  | | **Department:** |  |
| **Address:** |  | | **City/State/Zip:** |  |
| **Phone:** |  | | **Email:** |  |
| **Presenter, Speaker, Discussant, Respondent, Faculty, etc.** | | | | |
| **Qualification Statement: *(Example: I am qualified to present because I oversee programs such as disease prevention, environmental and consumer safety and substance abuse prevention and treatment programs).* Please submit your qualification statement below:**  **I am qualified to give this presentation on this material because:** | | | | |
| **If the content of your presentation received external funding, please state the funding source. Note NA is appropriate, if you have nothing to report:** | | | | |

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| **Conflict of Interest (COI) Disclosure - Resolution** |
| A CE worthy educational activity/session must be developed and presented with independence, objectivity and scientific rigor, free from promotion of specific goods or services, or bias.  **A Conflict of Interest (COI) is present if any relationship of a financial nature exists that would potentially bias the presenter, speaker, discussant, respondent, faculty because they may have an impact on the content of an educational activity.**  Such a relationship may be:   * With a commercial entity, or entity controlled/owned by an entity that produces, markets, re-sells, or distributes healthcare goods or services that are consumed by, or used on, patients/clients. Pharmaceutical or biomedical device entities whose goods or services are related to therapeutic areas are such commercial entities. * A salary; consulting fee; honoraria; ownership interest except diversified mutual funds; private research or program contracts or grants; publications; royalties; membership on advisory or top-level boards or panels that give remuneration.     **Exempt entities** that are not considered commercial entities for CE purposes are non-profits, governments, and non-healthcare related companies.  **To award CE credits, a COI must be identified, disclosed and resolved before presentation.**  Each presenter, speaker, discussant, respondent, faculty must agree not to promote the sale of goods or services, or insert bias. |
| **Required Disclosure:** During the past 12 months have you, or your spouse or partner had a financial relationship that might potentially bias and/or impact content of the educational activity/session?  **No**  **Yes,** list company(s) with relationship: |

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| --- | --- |
| **Relationship** | **Name of Commercial Company** |
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**Resolution*: I agree not to promote any products, goods or services or to bias the educational content and to comply with the American Public Health Association Conflict of Interest Policy, Commercial Support Standards, and the Off-Label and Experimental Drug Use, as they become applicable to me. If accepted for conference presentation, I consent to publishing my abstract in the Conference Proceedings.***

**Signature**       **Date**

By checking this box, I am providing my electronic signature.