**Session Title** (max 150 characters):

**Speaker(s)**

Name & Credentials:

Organization:

Email:

Phone:

Bio (no more than 100 words):

**Session Type** (select one option):

**Concurrent session – 1.5 hours** *Concurrent sessions typically cover content specific to practice areas and run with 4-6 opposed sessions.*

**Plenary session – 1.5 hours** *Plenary sessions are typically of broad interest and run with 1-2 opposed sessions.*

**Training Workshop – 2.5 hours** *Training workshops present practical vs only lecture-based content.*

**Half-Day Preconference course – 4 hours** *Half-day preconference courses are presented on the Thursday prior to the start of conference.*

**1-Day Preconference course – 7.5 hours** *1-day preconference courses are presented on the Thursday prior to the start of conference.*

**2-Day Preconference course – 15 hours** *2-day preconference courses are presented on the Wednesday and Thursday prior to the start of conference.*

**Practice Area**: (Neonatology; Early Intervention; School; Hospital-based; Adolescents & Adults with Diverse Abilities; Sports-Fitness; Academic and Clinical Educators; Cardiovascular & Pulmonary; Residency & Fellowship; Student and New Professional; General)
1st choice:
2nd choice:

**Provide the appropriate learner level for this proposed session**: (Basic, Intermediate, Advanced, Various (multiple)

**Course Format**: Describe the format of your session. Include the following elements in your description: instructional strategies and knowledge translation methods and evaluation.
(not to exceed 100 words)

**Description**: This is what will be displayed on the conference website. If the content of your session will apply to both PTs and PTAs, please specify that in your description. (not to exceed 250 words):

**Proposed Schedule for Presentation**: List the amount of time you will spend on different areas of your presentation. The reviewers should be able to visualize what you plan to do during your session.

**Unique Considerations** (ex: space, room layout, lab with patients or children involved, equipment or materials needed):

**References**: (list in AMA style – must have at least 10 references that are peer-reviewed with 5 published within the last 5 years)

**Resources**: (if applicable – describe pre-reading materials, forms to be used, recommended follow-up activities)

**Clinical Recommendations:** Are you planning on making clinical recommendations in your presentation? (Yes/No)

**Learning Objectives** (list 3) – At the conclusion of this session participants will be able to:

1.

2.

3.

**Originality statement:** I certify that the proposal submitted is original and: (select one)

* None of the work has been previously presented or published
* Part or all of the work has been previously presented or published elsewhere
	+ When and where was this work presented or published previously? How does the current proposal differ from prior presentations or publications, and why should this proposal be presented given past presentations or publications?

**Conflict of interest and Financial disclosure statement:** Please disclose whether or not you have any financial interest in the information you plan to present.

* **Commercial Support:** Was private commercial or industrial support accepted for this project? (Yes/No)

If yes, provide details about the support including whether the commercial entity has had any role in preparing, reviewing, or presenting the proposal.

**APTA Pediatrics Strategic Plan Goals:** The APTA Pediatrics collects information about the extent to which the Annual Conference session proposal submissions align with APTA Pediatrics Strategic Plan goals, which can be found in the Policy & Procedure Manual on the [Governance page](https://pediatricapta.org/about-pediatric-physical-therapy/APTA-academy-pediatric-physical-therapy.cfm) of our website. You are not required to provide a response. Responses to these questions WILL NOT be shared with proposal reviewers and are not part of the scoring rubric.

**Does this session meet APTA Pediatrics Strategic Plan goals?** Yes/no

**If yes, which goals are most applicable?**

Goal 1: ADVOCATE – Promote the health and wellness of every child.

Goal 2: COLLABORATE - Foster the development of meaningful partnerships.

Goal 3: ELEVATE -Accelerate evidence-informed pediatric physical therapy.

**If you selected yes above, please explain how the proposal aligns with the goal/s indicated.**