

NLTRA 2017

CONFERENCE, AGM, & TRADESHOW

October 18th - 20th

The Lantern, St. John's

Getting on TRack

Gaining Momentum, Growing Together

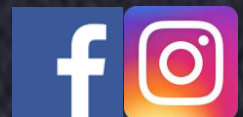
CALL FOR PRESENTATIONS

For more information on the NLTRA
Conference Call for Presentations,
please contact:

Jonathan Barrow
Email: jonathan.barrow@easternhealth.ca
Phone: 709-752-8869

Jessica Green
Email: jessica.green@centralhealth.nl.ca
Phone 709-292-2531 OR 709-884-4306

#NLTRA2017



www.nl-tr.org



Newfoundland & Labrador
Therapeutic Recreation Association

Preparations for the 2017 NLTRA conference and AGM are underway and the organizing committee is currently accepting presentation proposals. We would encourage anyone who is potentially interested in presenting to submit the enclosed presentation proposal form.

Based on evaluation of previous conferences, participants are interested in sessions focusing on Therapeutic Recreation Services in client population areas such as mental health and addictions, frail elderly/dementia care, palliative care and therapeutic recreation, and child life. We are also seeking presentations on health promotion, population health, and connecting us to community opportunities. Other topics of interest include advancement of the profession, new program ideas, assessment, NLTRA issues, licensure, technology and music/art therapy, pediatrics, and inspirational stories.

Our theme, *“Getting on TRack: Gaining Momentum, Working Together”* should generate a wide selection of presentation ideas and we hope that you will take this opportunity to share your valued information with others.

PRESENTATION APPLICATION PROCESS

Fill out the below form with all information and submit to either of the contacts found on the bottom of the application

SESSION INFORMATION

Session Title: _____

Session Description: *This description will appear in the final program guide. It is the responsibility of the author to be aware of the quality of the text. Please limit to 4-5 sentences.*

Learning Outcome(s): *Example: Participants will be able to identify 3 critical issues facing healthcare.*

1. _____
2. _____
3. _____
4. _____

AREA OF PRACTICE KNOWLEDGE (YOU CAN SELECT MORE THAN 1)

- | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Foundational Knowledge/Theory, | <input type="checkbox"/> Evaluating programs/interventions, |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Advancement/Advocacy for the profession, |
| <input type="checkbox"/> Planning/Programming, | <input type="checkbox"/> Management |
| <input type="checkbox"/> Facilitation/Implementation of programs, | <input type="checkbox"/> Other |
-

Instructional Methods:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Interactive |
| <input type="checkbox"/> Experiential | <input type="checkbox"/> Panel |

Length of Presentation: 45 minutes 60 minutes 90 minutes

Presentation Equipment: *Please mark the equipment you will require for your presentation.*

Projector

TV/DVD

Computer

Flip Chart

ADDITIONAL PRESENTERS

#2

Name/Title: _____

Facility/Agency: _____

Mailing Address: _____

Telephone: _____

Email: _____

Has the speaker presented on this topic before? Yes No

If yes, please indicate when and where you presented this topic:

Biography: *This will be used for the conference program. Please limit to 6-8 sentences.*

#3

Name/Title: _____

Facility/Agency: _____

Mailing Address: _____

Telephone: _____

Email: _____

Has the speaker presented on this topic before? Yes No

If yes, please indicate when and where you presented this topic:

Biography: *This will be used for the conference program. Please limit to 6-8 sentences.*

#4

Name/Title: _____
Facility/Agency: _____
Mailing Address: _____
Telephone: _____
Email: _____

Has the speaker presented on this topic before? Yes No
If yes, please indicate when and where you presented this topic:

Biography: *This will be used for the conference program. Please limit to 6-8 sentences.*



PRESENTATION APPLICATION CHECKLIST

- EDUCATIONAL SESSION OUTLINE:** *You may attach this information in another format and does not have to be on this form.*
- TITLE OF SESSION:** *20 words or less.*
- SPEAKER QUALIFICATIONS:** *Attach the Speaker(s) Vita or Resume and a brief biography for each speakers Resume(s) should include information on current position and qualifications to present topic(s) listed. Resumes are intended to demonstrate speaker competency on the topic and to consult with NCTRC for CEU purposes.*
- SPEAKER BIOGRAPHIES** *6-8 sentences*
- LEARNING OUTCOMES:** *Please state learning outcomes for each session in measurable terms. (I.e. What will those in attendance be able to do after attending your session?)*

**For more information or to submit an application
please contact:**

Jonathan Barrow

Email: jonathan.barrow@easternhealth.ca

Phone: 709-752-8869

Jessica Green

Email: jessica.green@centralhealth.nl.ca

Phone 709-292-2531 OR 709-884-4306