Call for Presentations
Submission Deadline: Friday, April 5th, 2019

Nova Scotia Therapeutic Recreation Association (N.S.T.R.A.) is hosting their 2nd Annual Conference & AGM On Thursday, October 10th & Friday, October 11th, 2019
Best Western Glengarry, Truro, NS

CONFERENCE THEME:
“Soaring to New Horizons Together”
Soaring to new horizons by uniting our knowledge and skills in therapeutic recreation to enrich the lives of our service recipients

The 2019 Conference Committee invites students, educators, practitioners, and allied health professionals to submit presentation proposals relevant to evidence based best practices, innovative programs, assessment, facilitation techniques, interventions, management issues, theories/models, research and other strategies that advance and develop the practice of the therapeutic recreation profession relating to our theme. Inter-professional teams and other collaborative approaches for presentations are encouraged

All proposal submissions should be submitted electronically to workshopnstra@gmail.com
All attachments should be .doc, .docx or pdf.
Please include “Call for Presentations” in your subject line of the email

Applicants are asked to complete all the accompanied forms attached

N.S.T.R.A. thanks you for your interest; all presenters that are chosen will be notified by email by Friday, May 3rd, 2019

NOTE: All presenters are responsible for their own meals, accommodations, transportation, CEU fees and conference registration (registration will be at a reduced speaker rate).
N.S.T.R.A. 2019 Call for Presentations

Session Title: (Max of 20 words, exactly as how you want it displayed in conference material)

Session Description: (Max of 100 words, this will be the description that will be in the conference program)

Learning Objectives: List 3 measurable outcomes the audience will learn by participating in your session so CEU’s can be collected

Instructional Methods:
__ Lecture
__ Discussion
__ Interactive
__ Debate
__ Panel
__ Experiential
__ Other

Presentation Length:
__ 60 min  __ 90 min  __ half day (3 hours)

Competency Area of Topic:
__ Foundation Knowledge (FKW)  __ Documentation (DOC)
__ Assessment Process (ASS)  __ Implementation (IMP)
__ Administration of RT/TR Service (ADM) __ Advancement of the Profession (ADV)

Target Audience:
__ Student __ Practitioner __ Supervisor __ Research/ Educator __ Other (_______________)

Audio-Visual Equipment Needs: Check all equipment needed, any other equipment must be provided by the presenter
__ Laptop __ PowerPoint Projector __ Screen __ Flip Chart __ Microphone __ Lapel Mic

Special Requests: (Please specify if there are special requests that relate to your presentation, i.e. set up, room arrangement, time of day, limit of participants)
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Please include information for ALL speakers who will presenting, additional paper may be needed. Any contact will be made with the primary speaker.

Primary Speaker:
Name: ___________________________ Title: ___________________________
Agency/ Organization: _______________________________________________________
Mailing Address: _____________________________________________________________
Work #: (__)_______ Cell #: (__)_______ Fax #: (__)_______ Email: _____________________
Educational Background and Credentials: _____________________________________________

Has the speaker presented before? __Y __ N       On this topic? __Y __N

Please provide the name and email of 2 references who can verify subject/ speaker competency:
#1) Name: ___________________________ Email: ___________________________
#2) Name: ___________________________ Email: ___________________________

Biography Summary of Primary Speaker: (this will be used in the conference program)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Additional Speaker:
Name: ___________________________ Title: ___________________________
Agency/ Organization: ___________________________________________________________
Mailing Address: _______________________________________________________________
Work #: (__)_______ Cell #: (__)_______ Fax #: (__)_______ Email: _____________________
Educational Background and Credentials: _____________________________________________

Has the speaker presented before? __Y __ N       On this topic? __Y __N

Please provide the name and email of 2 references who can verify subject/ speaker competency:
#1) Name: ___________________________ Email: ___________________________
#2) Name: ___________________________ Email: ___________________________

Biography Summary of Additional Speaker: (this will be used in the conference program)
______________________________________________________________________________
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