

# 2015 Call for Poster Abstracts

**Deadline:** All poster abstracts must be received at the National Office by December 15, 2014

## General Information

Interested presenters for the 2015 Annual Conference, April 15-18, 2015, are encouraged to submit a poster abstract following the guidelines described under "Required Information."

Abstracts that reflect program objectives and innovative, research-based, or new practice information have the highest possibility for selection as a presentation at the 2015 conference.

## Program Objectives

1. Enhance the ability of ambulatory care nurses to be leaders in their profession.
2. Provide an environment that encourages education, networking, and collaboration among ambulatory colleagues from across the globe.

## Participants

Nursing staff, nurses performing telephone triage, administrators, educators, clinical nurse specialists, advanced practice nurses and researchers who are involved in the delivery of nursing care in the ambulatory care arena.

## Poster Presentations

Display of information using a hanging poster. Developers of the poster should expect to be present for two sessions, totaling 1.0 hours. Presenters should be prepared to interactively discuss their poster with individuals who arrive randomly during the open sessions. Poster development expenses are not reimbursable. **Primary poster presenters** will receive a \$100 discount off the normal 3-day registration fee.

## Submission Deadlines

Poster abstracts must be received at the AAACN National Office no later than December 15, 2014. Notice of abstract review results will be mailed by early February 2015.

## Submission Address

**Preferred: E-mail to [kristina.moran@ajj.com](mailto:kristina.moran@ajj.com)  
Use Word format**

## U.S. Mail address:

Kristina Moran, Education Coordinator  
AAACN National Office  
East Holly Ave., Box 56  
Pitman, NJ 08071-0056  
Phone: 856-256-2358  
Fax: 856-589-7463

## Abstract Consultation

For assistance with the abstract development process, contact AAACN Education Director Rosemarie Marmion, [rosemarie.marmion@ajj.com](mailto:rosemarie.marmion@ajj.com), (856) 256-2331.

**Note: Any accepted poster abstract that is product-based will be ineligible for awards.**

*40<sup>th</sup> Annual Conference • April 15-18, 2015  
Lake Buena Vista, FL*

# Required Information

Abstracts should be submitted using the format below. Those submitting are encouraged to provide complete information and follow the space guidelines. Abstracts **MUST BE TYPED** if being faxed or sent via U.S. mail. Use 1-inch margins and a font size no smaller than 10 point. Those in smaller font will not be reviewed related to scanning and fax transmission difficulties. Abstracts being submitted electronically are not restricted to font size, but must still have 1-inch margins.

## Pages One and Two

- 1-inch margins
- Font size 10 point or larger

### I. Page One – Presenter’s Demographics

- A. Primary presenter’s name and credentials (e.g., Sue E. Smith, MSN, RN, C)
  1. Preferred mailing address
  2. Preferred telephone number
  3. E-mail address, if available
- B. Secondary presenter’s name and credentials (limited to only one secondary presenter)
- C. Attach a biographical data and conflict of interest disclosure form for each presenter of the abstract.

#### • Add the following statements

##### Indicate your preference with your signature

- If selected, I am/am not (select one) willing to submit a brief article to *Viewpoint*, followed by your signature.

### II. Page Two

Do not use your name(s) on page two – Presentation History of Primary Presenter

- A. List up to three significant presentations within the last 5 years
  1. Title
  2. Location/year
  3. Level (e.g., local state, regional, national)
  4. Size of audience
- B. List all past presentations at AACN’s

Annual Conference within the last 3 years

1. Title
2. Year

### III. Page Three

Do not use your name or the name of your organization on page three  
Use 1-inch margins, font size 10 point or larger

- A. Title of abstract
- B. Objectives
  - No more than three
  - Behaviorally stated (e.g., words such as define, describe, list, identify, etc.)
  - Reflective of content
- C. Description  
Provide not greater than a half-page, single-spaced description of your proposed poster, detailing the content of the poster.

#### Abstract submission address:

**Preferred: E-mail to**  
[kristina.moran@ajj.com](mailto:kristina.moran@ajj.com)  
**Use Word format**

**U.S. Mail address:**  
Kristina Moran, Education Coordinator  
AACN National Office  
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Phone: 856-256-2358  
Fax: 856-589-7463

**FORM #1 ~ PERSONAL BIOGRAPHICAL DATA**

Planner

Faculty/Presenter

Other: Please describe:

**Name & Credentials**

Name & Credentials:

**Preferred Mailing Address**

Home OR  Work

Company (if using a work address):

Dept (if using a work address):

Street:

City:

State:

Zip:

Work Phone:

Work Fax:

Home Phone: (optional)

Cell: (Required)

E-mail Address:

**Present Position**

Employer/Name of Facility:

Position Title:

City:

St:

Zip:

**Expertise in Area**

Content Expert

Knowledge about CE Process

Other:

Please describe expertise and years of training specific to the educational activity involved.

**Educational Background**

Institution's Name:

City

State:

Major Area of Study:

Year Degree Awarded:

**If RN, nursing degree(s):**

AD  Diploma  BSN  Masters  PhD  DNP  Other:

## FORM #2 ~ CONFLICT OF INTEREST DISCLOSURE

Presenters and planning committee members must complete this form. All information must be typed. Make as many photocopies of this form as you need.

Title of Presentation	
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Name and Credentials			
How were you involved in planning your content? (Check all that apply)			
Worked with the planning committee to develop objectives		Developed / planned the content	
Other (specify)			
<b>CONFLICT OF INTEREST STATEMENT</b>			
<p>It is the responsibility of the provider Anthony J. Jannetti, Inc. (AJJ) to insure balance, independence, objectivity, and scientific rigor in all its CE activities. All faculties participating in an AJJ CE activity are expected to disclose to the learner any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the CE activity. Potential conflicts and financial relationships are provided in writing to the learner. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation. This policy is not intended to prevent a presenter with a potential conflict of interest from making a presentation. However, any potential conflict should be identified openly, with full disclosure, so that the learner may form their own judgments about the presentation. The learner will determine for themselves whether the presenter's outside interests may reflect a possible bias in either the exposition or the conclusions presented. AJJ does not assume that the existence of these interests or commitments necessarily implies bias or decreases the value of your participation. All learning activities are reviewed by the Nurse Planner to ensure a broad inclusiveness of the topic; that no trademark or branding information is present and that the presentation is unbiased.</p> <p>Presenters must abide by the following standards:</p> <p style="padding-left: 40px;">Faculty use of generic names will contribute to a balanced view of therapeutic options. If trade names are used, several companies should be identified rather than a single supporting company. No commercial branding or company logos can appear in the handouts or presentation.</p>			
<b>DISCLOSURE DECLARATION</b>			
<input type="checkbox"/>		I, or a family member, <b>have no</b> actual or potential conflict of interest in relation to the presentation within the past 12 months.	
<input type="checkbox"/>		I, or a family member, <b>have</b> a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation within the past 12 months. <b>If yes</b> , please answer the questions below.	
<b>Affiliation / Financial Interest</b>		<input type="checkbox"/> Self	<input type="checkbox"/> Other
Grant/Research Support		Relationship:	
Consultant or member of Corporate Speaker Bureau			
Major Stock Shareholder (not including mutual funds)			
Advisory Board			
Other Financial or Material Support (such as Salary or Royalty)			
<b>By signing this document, the presenter acknowledges that he/she will present in an unbiased manner.</b>			
<b>Signature</b>		<b>Date</b>	