

Speaker: Complete all pages of this form, attach additional requested materials (yellow box below) and send to BIAOH no later than August 20, 2010: nkirch@biaoh.org or fax: 614-481-7103.

Invited Sponsors		Brain Injury Association of Ohio (BIAOH)	
Co-Sponsors: Ohio Departments of Mental Health, Veterans Services, Developmental Disabilities, Alcohol & Drug Addiction Services, Ohio Rehabilitation Services Commission, National Guard-OHIOCARES, Ohio Valley Center for Brain Injury Prevention & Rehabilitation at the Ohio State University, Ohio Center for Autism & Low Incidence			
Event		<i>"Building Community: Recognition, Response, Resilience"</i> 29th Annual Conference, November 1 & 2, 2010 Doubletree Hotel Columbus/Worthington 175 Hutchinson Avenue, Columbus, OH 43235	
Name (include credentials/degrees):			
Current Position or Title:		Phone Number (with area code and ext.):	
Affiliations(s):			
Work Address (street, city, state, zip)			
Home Address (street, city, state, zip) – if work address above is not provided			
E-Mail Address:			
Presentation Title for Publication:			
Brief Presentation Description (for publication):			
Objective Focus: (relates to the overarching Objectives for the conference – See listing on Page 7)			
Intended Program Audience (check all that apply) <input type="checkbox"/> Professionals <input type="checkbox"/> Family members & care providers <input type="checkbox"/> Individuals with brain injury			
Date of Presentation (to be determined by BIAOH)		Time of Presentation (to be determined by BIAOH) From: _____ Through: _____	
Teaching Aids Required (be very specific): <input type="checkbox"/> None <input type="checkbox"/> DVD player <input type="checkbox"/> microphone (___wired ___wireless) <input type="checkbox"/> LCD projector (speaker bringing laptop) <input type="checkbox"/> flip chart (with paper and markers) <input type="checkbox"/> LCD projector (using BIAOH laptop – call first for approval) <input type="checkbox"/> <input type="checkbox"/> overhead projector (for transparencies) other/details: _____ <input type="checkbox"/> slide projector			

Check that with this form you have included the following information & materials before sumitting your Speaker & Presentation Summary Packet:

1. Brief Bio plus Resume/Vitae
2. Presentation Outline showing Time Frame and Teaching Methods (page 2)
3. Signed *Disclosure of Faculty Financial Interest or Relationship* (page 3), *Photo Consent & Permission to Share Materials* (page 4)
4. Syllabus - a program outline & brief narrative summary with annotated references to presentation content (See template – page 5) Copies of the Syllabus will be provided to attendees
5. Handout Materials (one set)
6. Continuing Education Evaluation form (optional – page 6, bolded sections only)

Complete & sent Speaker & Presentation Summary Packet with all requested materials to: nkirch@biaoh.org , fax: 614-481-7103, Brain Injury Association of Ohio 855 Grandview Ave., Suite 225, Columbus, OH 43215-1123	For assistance in preparing the application, please contact: Suzanne Minnich, BIAOH Executive Director sminnich@biaoh.org
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Sponsors	Brain Injury Association of Ohio (BIAOH)
Event	<i>“Building Community: Recognition, Response, Resilience”</i> 29th Annual Conference, November 1 & 2, 2010 Doubletree Hotel Columbus/Worthington 175 Hutchinson Avenue, Columbus, OH 43235

OBJECTIVE & CONTENT INFORMATION

Identified Program Learning Objectives (in terms of “Participants will learn . . .”)

- 1.

- 2.

- 3.

- 4.

Objective (as listed above)	Content	Teaching Methods (lecture, discussion, slides, overhead, handouts, etc.) & Time Frame	Faculty Name/Ratio	Evaluations of Objectives
1			Note – BIAOH will provide estimate	Note – related to numbered objectives above
2				
3				
4				
Total = 60 minutes				

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SPONGESOR

Sponsor	Brain Injury Association of Ohio (BIAOH)
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CONSENT FOR PHOTOGRAPHS / PERMISSION TO SHARE MATERIALS

****Consent to allow photographs and/or presentation materials is optional.****

Title of Presentation
Name of Faculty/Presenter

Consent for Photographs

Yes No I give my **consent for photographs** of myself to be used by the Brain Injury Association of Ohio. Photographs may be displayed at conferences, included in newsletters/brochures and/or posted on the Brain Injury Association of Ohio’s website. (permission is optional)

Permission to Share Materials

Yes No The Brain Injury Association of Ohio intends to compile a CD with presentations, handouts and contact information from our conference, and also post this material on our website, www.biaoh.org. I grant **permission to share selected materials**: (permission is optional)

PowerPoint presentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handouts (scanned)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Information (name, agency, address, phone, email address)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature

Date

Organization

SYLLABUS TEMPLATE

At minimum, the CE program should have a single program syllabus or handout which includes an outline of the presentation or more detailed materials with 1 to 3 annotated references attached when applicable. The syllabus or handout should be prepared with a cover sheet that identifies the sponsor(s), program title and date, the presentation title, presenters' names, credentials, affiliation, and speaker disclosure. The participant learning objectives, description of presentation form, and requirements for continuing education should also be included.

This is a sample of the CE Program Syllabus Cover Sheet containing all required information. Please design your sheet similar to the content found in this example.

Program Sponsor(s)

Brain Injury Association of Ohio,

Ohio Departments of Mental Health, (invited) Veterans Services, Developmental Disabilities, Alcohol & Drug Addiction Services, Ohio Rehabilitation Services Commission, National Guard-OHIOCARES, Ohio Valley Center for Brain Injury Prevention & Rehabilitation at the Ohio State University, Ohio Center for Autism & Low Incidence

PROGRAM TITLE

"Building Community: Recognition, Response, Resilience"

Date

November____2010

Name of Presenter

Credentials

Affiliation Information

(Disclosure of Personal or Commercial Affiliation)

Participant Learning Objectives

- 1.
- 2.
- 3.

Statement of Presentation Format

Example: This program will utilize lecture format with experiential small group exercises to enable participation and individual application of the concepts and principles presented. Participants will complete a post program self-assessment exercise and program evaluation tool.

Requirements for Continuing Education

For each session attended, participants eligible for CE certificates must 1) Sign in on the TRAINING REPORT form (located at CEU table near registration, 2) participate in session training, 3) obtain monitor's initials on Attendance Verification Form, 4) turn in to the monitor a completed self assessment (post test) & program evaluation form.

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Continuing Education Evaluation

Please complete the following before leaving the training session

Title of Training	
Location:	Date:

Please circle selected Rating

Rate the Speaker:	Poor	Fair	Average	Good	Excellent
Knowledge of content	1	2	3	4	5
Teaching effectiveness	1	2	3	4	5
Method of presentation	1	2	3	4	5
Was adequate time provided to meet the objectives?	1	2	3	4	5
Were all questions answered professionally and in a timely manner?	1	2	3	4	5
Were the Program Objectives met?	Strongly Disagree	Disagree	Average	Agree	Strongly Agree
1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
Overall Program:	Poor	Fair	Average	Good	Excellent
Syllabus/ Handouts	1	2	3	4	5
Facilities Support Learning Experience	1	2	3	4	5
Level of Impact on Your Professional Practice	1	2	3	4	5
Did you perceive commercial bias during this presentation? Please circle: YES or NO					
Please indicate what was most effective about this program.					
Please indicate what was least effective about this program.					
Comments / suggestions for future programs					
Name	Discipline				

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Conference 2010 Goals

In categories that follow, participants will be able to:

- 1) **Facts about traumatic brain Injury (TBI)** Demonstrate knowledge of basic TBI facts in one or more of the following categories: numbers injured; populations with increased risk, causes, consequences, common co-occurring conditions, prevention measures, impact on families
- 2) **Relationship between Brain Physiology and Mind & Body Functions** Point to established and/or evolving knowledge of relationships between brain and nervous system physiology and physical, cognitive, behavioral and emotional functions, state-of-art research and treatment implications
- 3) **Rehabilitation, Accommodation & Compensation** Relate rehabilitation, accommodation and compensatory strategies to promote optimal functional capabilities, achievement and life satisfaction for individuals with BI and their families
- 4) **Role Models & Peer Support** Recount first-person experiences by presenters with BI and/or their family members, who, through education, self-advocacy and persistence rebuilt their lives following TBI to regain a sense of control, enjoyment, pride and purpose. Distill one or more “lessons learned” that can be drawn on for personal fortification and/or to encourage others similarly challenged.
- 5) **Promising Practices in Public Policy & Program Design** Describe systemic weaknesses impeding timely access to appropriate, coordinated treatment, services and supports. Similarly describe initiatives or strategies underway or those that should be initiated to develop a more responsive and effective service system for individuals with BI and their families.
- 6) **OEF/OIF Service Members & Veterans** – Identify TBI risk factors for service members deployed to Iraq and/or Afghanistan; common co-occurring conditions; and public-private partnerships and strategies to promote identification, treatment, reintegration, including long-term community-based services and supports for those injured and their families.