

NYS ID/DD Nurses Association 2026 Annual Conference

SPEAKER PROPOSALS

40th Anniversary Conference-Embassy Suites Saratoga Springs, October 5–7, 2026

Program Information		
Program Title		
Primary Presenter	Name:	
	Email Address:	
	Phone Number:	
	Mailing Address:	
Co-Presenters: (Add additional lines, if needed.)	Name & Degree(s)	Email address
Abstract: Provide a short (75-word) description of your presentation.		
Content Outline: Provide a bulleted list of the topics you plan to cover.	<ul style="list-style-type: none"> 	
Professional Practice Gap		
<i>A professional practice gap occurs when there is a difference between what the professional is currently doing compared to what is desired, based on current professional knowledge.</i>		
Professional Practice Gap: Finish the statement below.		
<i>The professional practice gap I am addressing with this presentation is ...</i>		

Type of Gap:

- Knowledge
- Skill
- Both

Description of the Current State: Finish the statement below.

Participants do not have the information needed to ...

Description of Desired/Achievable State: Finish the statement below.

After attending this program, participants will know ...

Learning Outcome: Finish the statement below.

The purpose of this educational session is to enable the learner to ...

Evidence-Based References

List the evidence-based references used to develop this presentation:

Primary Presenter Bio and Disclosure Form

The primary presenter is the main contact person for this proposal. It is the primary presenter's responsibility to ensure that the information submitted for the program and for all co-presenters is complete and accurate. Presenter Information is required for each presenter, co-presenter, panel member, discussion leader, etc. All disclosures that are determined by the NYSIDDDNA Planning Committee to be relevant relationships will be shared with the participants/learners in meeting materials and prior to the start of the educational activity.

Primary Presenter			
Degree:	Degree	Institution	Major or Specialty Area

Current Certification(s)	
Employer	
Job Title	
Publications within the last 5 years	

Presenter’s Biography for Conference Brochure:

Primary Presenter Conflict of Interest (COI) Disclosure

NYSIDDDNA is obligated to ensure that all educational activities are developed and presented with independence, objectivity, and scientific rigor. It is our responsibility to ensure that they are free from promotion of specific goods or services, and that they are free from actual or potential bias. All faculty/presenters/authors/planners are required to disclose all financial relationships with any ineligible companies (defined below) that they have had over the past 24 months, regardless of the amount and regardless of whether they view the financial relationships as relevant to the education. The NYSIDDDNA Planning Manager and Conference Committee Chair will identify and mitigate, as appropriate, any relevant relationships. The presence or absence of relevant financial relationships for all persons in control of content will be disclosed to the participants/learners before the learner engages in the education.

Relevant relationships are defined as relationships with an ineligible company if the products or services of the ineligible company are related to the content of the educational activity.

Please Note: The identification of financial relationships with ineligible companies does not necessarily mean that an individual is unable to participate in the planning and implementation of this educational activity. Rather, our policies require that relevant financial relationships are mitigated before a role in this activity can be assumed.

I have read, fully understand, and agree to adhere to the Conflict-of-Interest Disclosure Guidelines outlined above.

REQUIRED DISCLOSURE: During the past 24 months have you had a financial, professional, or personal relationship (including self-employment and sole proprietorship) with a company as defined below?

Yes No If yes, list the full company name and the specific relationship below.

INELIGIBLE COMPANY NAME	NATURE OF FINANCIAL RELATIONSHIP	HAS RELATIONSHIP ENDED?
An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.	Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds.	If the relationship existed during the last 24 months but has now ended, please put X in the box below.

Name of Ineligible Company	Nature of Financial Relationship	Has the Relationship Ended?
Content Related to Company: Does your presentation refer to any healthcare products or services of an ineligible company?	<input type="checkbox"/> N/A, no companies identified above <input type="checkbox"/> No <input type="checkbox"/> Yes If you answer YES, a member of the Planning Committee will contact you regarding your potential conflict of interest.	
Off-Label Use of Drugs: Will your presentation include discussion of off-label experimental, and/or investigational use of drugs, devices, medical procedures, or interventions?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list drugs, devices, and/or procedures to be discussed:	

Speaker Compensation and Expense Information

Please indicate whether your presentation requires compensation or reimbursement. Providing this information helps us plan our conference budget and review proposals fairly.

- No compensation required
- Honorarium requested
- Speaker fee requested
- Travel reimbursement requested
- Lodging reimbursement requested
- Other, please specify: _____

If compensation or reimbursement is requested, please provide estimated amounts below.

Requested Honorarium or Speaker Fee: \$ _____

Estimated Travel Expenses: \$ _____

Estimated Lodging Expenses: \$ _____

Additional Notes or Requirements:

Please note that disclosure of requested compensation does not impact the review of your proposal. However, requests submitted after acceptance may not be able to be accommodated.

ELECTRONIC SIGNATURE: By typing my name below, I am providing my electronic signature indicating that all the information entered in this Program Submission Form is accurate. I further attest that I will not promote any products, goods, or services, or bias the educational activity in any manner. (Electronic/typed signatures are acceptable.)

SIGNATURE		DATE	
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