

	<b>INTERNATIONAL ASSOCIATION OF REHABILITATION PROFESSIONALS</b>	<b>Request for Speaker Proposals</b>
	<b>2011 CM/DM CONFERENCE</b> Creating a Culture of Care: Weaving a Rich Tapestry February 10 - 12, 2011 Hilton Scottsdale Resort, Scottsdale, AZ  <b>DEADLINE FOR RECEIPT OF PROPOSALS: June 30, 2010</b>	

The International Association of Rehabilitation Professionals is soliciting presentation proposals for its 2011 CM/DM Conference, to be held at the Hilton Scottsdale Resort in Scottsdale, Arizona, February 10 - 12, 2011. The association is looking for pre-conference workshops, general sessions and breakout sessions that demonstrate leadership in the field through new techniques, new technologies, new solutions, new ways to assist individuals to return to work, etc.

Parties interested in submitting proposals for consideration by the CM/DM Conference Program Committee should complete the RFP below and email it to [iarp-meetings@tcag.com](mailto:iarp-meetings@tcag.com).

### PRESENTER DETAILS

*Please type and use separate form for each presenter.*

Name:		Credentials:	
Company Name:			
Title & Position:			
Phone:		Fax:	
Email:		Web site:	
Mailing address:			
City:		State/Province:	Zip/Postal Code:
Current IARP Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### PRESENTER BIO

*In 50-100 words, please provide a brief biographical statement emphasizing the aspect of your background that qualifies you to present on this topic. We strive to stay as close as possible to original wording, but we reserve the right to edit for space*

Please check here to confirm that current resume is attached. Resume or CV is required.

## PRESENTATION DETAILS

Presentation title (Please limit to 80 characters)	
Overall goal of this presentation	
Objectives (Must have three)	
AV equipment &/or room needs	

## PRESENTATION DESCRIPTION

*In 75-100 words, please describe your presentation with explanation of what will draw attendees to your session (be creative!).*

## REFERENCE:

*Please provide contact information for organization or individual for verification of presentation experience.*

1.

2.

3.

## TARGETING

Please tell what type of audience your presentation is aimed at, and what practical benefits will be yielded.

Session Type	<input type="checkbox"/> General Session	<input type="checkbox"/> Full Day Workshop	<input type="checkbox"/> Half-Day Workshop	<input type="checkbox"/> Breakout Session
What specific practical benefit will your presentation offer attendees (or to their clientele)?				

## SUGGESTED TOPICS:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"><li>• Becoming Your Own Boss—Developing a Private Practice</li><li>• The Interactive ADA Process Role of Disability and Case Managers</li><li>• HIV/AIDS an update for the profession</li><li>• Disaster Preparedness-the role and function of the Disability and Case Manager</li><li>• Working with Undocumented Workers: Ethical and Legal Responsibilities</li><li>• The Aging Workforce: Implications for the Rehabilitation Professional</li></ul> | <ul style="list-style-type: none"><li>• Perspectives on the Future of Case Management and Disability Management</li><li>• Return to Work Strategies for Case Managers and Disability Managers</li><li>• Earning Capacity Assessment</li><li>• Ethics</li><li>• Ergonomics</li><li>• Application of multi-cultural diversity for Case and Disability Management</li><li>• Introduction to Life Care Planning</li></ul> | <ul style="list-style-type: none"><li>• New Approaches for Case and Disability Managers</li><li>• Practice areas</li><li>• Social Networking, Technology/Databases: Interactions and Applications for CM / DM</li><li>• The role of the nurse (legal, case manager, LCP)</li><li>• Influencing the Physician to Support Return to Work Goals</li><li>• international Perspectives on Case Management/Disability Management</li></ul> |
|--|---|--|

## DEADLINE FOR RECEIPT OF PROPOSALS:

This form should be returned as early as possible, with a resume or CV, the biographical data and disclosure form attached, and the Educational Activity Overview Form attached. **Deadline is Wednesday, June 30, 2010.**

Deadline for submission of handout samples for duplication &/or inclusion in the conference proceedings in electronic format is **Wednesday, January 5, 2011.**

All handouts must be approved in advance by the IARP CM / DM Conference Committee.

Handouts submitted may be included in the IARP CM / DM Conference Proceedings &/or Reference CD-Rom. Your signature indicates that no copyright infringements will be evoked by the use of this material.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTACT DETAILS:

Jon P. Veltri, M.Ed.  
Owner, Vocational Consultant  
Veltri Vocational Case Management  
& Forensic Consultants, LLC  
2222 S. Dobson Road #2059  
Chandler, AZ 85286  
veltrivocconsultants@hotmail.com  
(480) 208-9273

Don Shrey  
University of Cincinnati College of  
Medicine  
Associate Professor  
2959 Perthwood Drive  
Cincinnati, OH  
United States  
45244  
Work: (513) 232-2661  
Fax: (513) 262-2661  
shreyde@ucmail.uc.edu

Pat Sistler  
Director of Education  
International Association of  
Rehabilitation Professionals (IARP)  
1926 Waukegan Road, Suite 300  
Glenview, IL 60025  
Ph: 847-657-6964  
Fax: 847-657-6963  
pats@tcag.com

**PLANNER AND PRESENTER/CONTENT SPECIALIST**

**CONFLICT OF INTEREST STATEMENT**



If you are in a position to control the content of this educational activity (planner, presenter, and content specialist) you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence of *any* potentially biasing relationship of a financial, professional or personal nature.

Name:			
Title of Activity/Session:	IARP 2011 CM / DM Conference		
Please indicate your role in this activity:	<input type="checkbox"/> Presenter/ Content Specialist	<input type="checkbox"/> Planning Committee Member	<i>(Check all that apply)</i>

A. Is there a potential conflict of interest? (check one)       No       Yes (Provide the information below)

Type of Financial Relationship	Name of Company(ies)	Self (Check Applicable)	Spouse/Partner (Check Applicable)
<input type="checkbox"/> Speaker's Bureau			
<input type="checkbox"/> Grant/Research Support (Principal investigator or working directly for company/company's agent)			
<input type="checkbox"/> Ownership Interest (stocks, stock options or other ownership interest excluding diversified mutual funds)			
<input type="checkbox"/> Honoraria			
<input type="checkbox"/> Salary			
<input type="checkbox"/> Other (Describe):			

B. If YES to item A above, please check below how the conflict of interest will be resolved? (check one)

<input type="checkbox"/> Have discussed this conflict with individual who is now aware and agrees to our policy	<input type="checkbox"/> Presenter has signed a statement that says she/he will present information fairly and without bias.
<input type="checkbox"/> Nurse Planner or designee will monitor session to ensure conflict does not arise.	<input type="checkbox"/> Other: Describe:

**Commercial Interest:** INA/ANCC defines an entity that has a "commercial interest" as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations.

**Financial Relationships:** INA/ANCC defines "financial relationships" as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected.

**Relevant Financial Relationships:** INA/ANCC defines a "conflict of interest" as when an individual has an opportunity to affect CNE content with products or services from a commercial interest with which he/she has a financial relationship.

**Off-label:** "Using products for a purpose other than that for which it was approved by the Food and Drug Administration (FDA)"

ILLINOIS NURSES ASSOCIATION



Educational Activity Overview Form

Directions appear on the preceding pages.

Please add additional boxes below as necessary by clicking on Table Menu, clicking on insert and then clicking on rows below.

Name of Providing Organization:	<b>IARP 2011 CM / DM CONFERENCE</b>
Title of educational activity/session:	

<b>Objectives</b> (List objectives in operational/behavioral terms. For each objective, answer the statement, "The Participant will be able to...")	<b>Content</b> (List each topic area to be covered and provide a description of the content to be presented in sufficient detail to determine consistency with objectives and appropriateness of time allotted.)	<b>Time Frames</b> (State the time frame in minutes for the topic area.)	<b>Presenters/ Content Specialists</b> (List the faculty or presenter for each topic.)	<b>Teaching/Learning Strategies and Learner Feedback</b> (Describe the teaching method(s) to be used.)