CALL FOR ABSTRACTS

Apply to speak at the WAMSS Annual Conference to be held April 27-29, 2022 in Spokane, Washington

Please consider sharing your knowledge and expertise by submitting one or more abstracts.

***Don’t delay! Abstracts will be accepted until all sessions are filled*.**  If you know of others who have a certain expertise that would be valuable, please let them know about this opportunity.

The WAMSS Annual Conference draws medical services professionals together. We are looking for a dynamic variety of presentations to meet the diverse needs of the WAMSS membership in the following *suggested* areas:

|  |  |
| --- | --- |
| Credentialing/Privileging | Managed Care |
| Clinic Management | Governing Document Management |
| Delegation Management | Accreditation/Regulatory |
| Leadership/Professional Development | Tribal Health |
| Future MSP | Allied Health |
| New Innovation Trends | Behavioral Health |
| “Being an office of 1” – How do you do it? | |

Do you have a topic that isn’t listed above that you feel is important? Share your abstract with us! WAMSS Conference presentation opportunities available are:

* Keynote speaker
* Core sessions
* Breakout sessions

Sessions must be educational in nature and must not include any sales, product, or marketing/promotional information. Speakers are encouraged to prepare and present original material.

If your abstract is selected for presentation, WAMSS will contact you to review the Speaker Agreement.

If you have any questions about the abstract submission process, please contact [educationchair@wamss.org](mailto:educationchair@wamss.org)

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| |  | | --- | |  | | **Please complete your demographic information  If you are planning to have a co-presenter, do not include his/her information here. It will be requested separately.** | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | First Name: |  | | Middle Initial: |  | | Last Name: |  | | Credentials (please include all relevant credentials): |  | | Job Title: |  | | E-mail Address: |  | | Office Phone: |  | | Cell Phone: |  | | Organization: |  | | Address: |  | | Address 2: |  | | City: |  | | State: |  | | Zip Code: |  | | |
| |  | | --- | |  | | **Please provide your education information:** | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Degree: |  | | Institution: |  | | Area of Study: |  | | Degree 2: |  | | Institution 2: |  | | Area of Study 2: |  | | Degree 3: |  | | Institution 3: |  | | Area of Study 3: |  | | |
|  |
| **Please answer the following questions regarding your potential presentation and your relevant background:** |
|  |
| |  | | --- | |  | | **Title of Session:** | |
| |  |  | | --- | --- | | |  | | --- | |  | | |
| |  | | --- | |  | | **Please list 3–5 measurable learning objectives that indicate what the participant will be able to do following the session** | |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Objective 1: |  | | Objective 2: |  | | Objective 3: |  | | Objective 4: |  | | Objective 5: |  | | |

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| |  | | --- | |  | | **Please provide a detailed outline and overview of the content of your suggested session topic** | |
| |  |  | | --- | --- | | |  | | --- | |  | | |
| |  | | --- | |  | | **Please provide a paragraph that describes the benefits of attending your session:** | |
| |  |  | | --- | --- | | |  | | --- | |  | | |
| |  | | --- | |  | | **Please explain why you are qualified to speak on your proposed topic:** | |
| |  |  | | --- | --- | | |  | | --- | |  | | |
| |  | | --- | |  | | **Please list any previous speaking or presentation experience:** | |
| |  |  | | --- | --- | | |  | | --- | |  | | |
| |  | | --- | |  | | **Please enter the name, email address, and phone number of a reference for your presentation history/experience, to be contacted if the committee deems it necessary.** | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Reference Name: |  | | Reference Email Address: |  | | Reference Phone Number: |  | | |
| |  | | --- | |  | | **Please specify whether your topic is intended for a basic, intermediate, or advanced audience.** | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | Basic | Intermediate | Advanced | Please explain the reasoning for your rating. | |  |  |  |  | | |
| |  | | --- | |  | | **Do you plan to have a co-presenter with this session?** | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  | | --- | --- | |  | Yes | |  | No | | |
| |  | | --- | |  | |

Submit your abstract to **educationchair@wamss.org**