

#### **Therapeutic Touch International Association** P.O. Box 130, Delmar, NY 12054

Tel: 518-325-1185 E-mail: ttia@therapeutictouch.org

Website: www.therapeutictouch.org

# Fifth International Congress on Therapeutic Touch® October 18-20, 2019 **Individual Presentation Proposal** Based on 2015 ANCC Criteria and AHNA Activity Application

**Instructions:** Complete and sign this Presentation proposal. Hover the cursor over open spaces to access "fill-in" window. Make sure that the proposed presentation addresses the Congress purpose and outcomes. Complete the Conflict of Interest (COI) form for each presenter. The Primary Presenter agrees to ensure all materials are complete for submission and will act as contact person for all presenters for any communications related to this proposal. The Proposal and all COI forms for presenters must be submitted at the same time. Contact Nurse Planner, Jane Cornman at magici@uw.edu for questions

# **Demographics**

PRIMARY PRESENTER Name: Address:	(contact person)
City, State, Zip:	<del></del>
Daytime Telephone:	
Email Address:	
TTIA Member	yes Membership Number
(not required):	<u>□</u> no
TYPE of Presentation (S  Podium Presentation Panel Presentation Poster Presentation	<b>.</b>
1. Title of Presentation:	
2. Length of time for Preso	entation (number of minutes for podium or panel only)
3. Relevant Expertise of P	rimary Presenter
Name and Credentials:	<u></u>
	he topic(s) being presented; include education, certifications, work the educational content:

# Therapeutic Touch

#### **Therapeutic Touch International Association**

P.O. Box 130, Delmar, NY 12054 Tel: 518-325-1185

E-mail: <a href="mailto:ttia@therapeutictouch.org">ttia@therapeutictouch.org</a>
Website: <a href="mailto:www.therapeutictouch.org">www.therapeutictouch.org</a>

#### 4. Other Presenters (if applicable)

A. Attach completed and signed <u>Conflict of Interest Forms for **all**</u> persons listed on following Table in your application packet. Attachments must be labeled as: <u>COI Last</u> Name (first initial if more than one with same name)

Name of individual and credentials	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

- 5. Indicate which of the following Program Outcomes your presentation will address:
  - a. **Support** the evolution of a global community of compassionate practitioners, researchers and educators to promote the Future Consciousness of healing worldwide.
  - b. Provide examples of how the practice-based theory of healing has evolved in various parts of the world.

## 6. Presentation Content and Delivery

**Content of Activity:** Provide a 500 word or less, abstract that describes the content that will be presented to address the:

- 1. Overall purpose of the Congress: **Promote personal growth and development of Therapeutic Touch® practice as a commitment to global healing.**
- 2. Program outcomes
- 3. Identified knowledge or practice gap,

## 7. Teaching/Learning Approaches

Describe the learning approaches that will be used during the presentation:

# Therapeutic Touch

8.

9.

#### **Therapeutic Touch International Association**

P.O. Box 130, Delmar, NY 12054 Tel: 518-325-1185

E-mail: ttia@therapeutictouch.org Website: www.therapeutictouch.org

	<ul> <li>Learner Engagement Strategies: How will learners actively participate in this activity? These strategies are not merely teaching methods.</li> <li>Integrating opportunities for dialogue or question/answer</li> <li>Including time for self-check or reflection</li> <li>Analyzing case studies</li> <li>Providing opportunities for problem-based learning</li> <li>Experiential activities</li> <li>Other -</li> </ul>	
	<ul> <li>B. Content for this presentation was chosen from (check all that apply):</li> <li>□ Information available through peer-reviewed journal/resource (references should be within past 5 – 7 years)</li> </ul>	
	Information available from the following organization/web site (organization/web site. References must be provide current available evidence within past 5 - 7 years; may be published or unpublished content: examples – Agency for Healthcare Research and Quality; National Institutes of Health; National Center for Complementary and Integrative Health)	
	<ul> <li>Clinical guidelines (example - www.guidelines.gov)</li> <li>Expert resource (individual, organization, educational institution) (book, article, website)</li> <li>Textbook reference</li> <li>Other References and Resources:</li> </ul>	
8.	<b>References and Resources List</b> For each reference or resource used, include the title; journal; date of publication, author(s), date downloaded from website, etc. It is important to be discerning in the compilation of references; some historical references are still relevant (e.g. Nightingale) among others.	
9.	Primary Presenter Signature:	
	My signature validates that I have been involved with all aspects of designing this presentation and will communicate essential information regarding this presentation and completion of requested materials with my co-presenter(s).	
Ele	ctronic Signature: Date:	