

**Share your expertise at the TAPA Spring CME Conference in San Antonio, Texas, Friday, February 18-Sunday, February 20, 2011.**

- Offer interactive case studies
- Provide lists of clinical pearls
- Discuss the latest cutting edge procedures or treatment options
- Provide a thorough review for individuals preparing for the certification or recertification process
- Demonstrate and facilitate hands-on practice of various techniques, clinical skills, or behaviors
- Enhance your professional standing and add to your curriculum vitae

Either as an individual or as part of a group, you can become one of the PA profession's recognized experts. All submissions are reviewed and evaluated by a committee of your peers.

- All speakers, panelists, workshop assistants, workshop instructors, and workshop chairs who are physician assistants must be current members of the Texas Academy of Physician Assistants at the time of participation.
- Presentations and workshops are scheduled throughout the TAPA Spring CME Conference (**Friday, February 18-Sunday, February 20, 2011**). Please do not submit a proposal unless you are able to appear on any day of the conference.
- Complete the submission form online: <http://www.tapa.org/displayemailforms.cfm?emailformnbr=99852>. Or, you may complete this form and mail or fax to the address on the form. Illegible proposals will not be evaluated. If preparing your proposal on a computer, you may substitute the official TAPA Call for Presentations with one you prepare, but all information must appear in the correct order and follow stated limits.
- Sales pitches for products or services disguised as CME proposals will be eliminated.
- Mailed proposals must be received by TAPA no later than August 13, 2011; all mailed proposals must include one original and three (3) copies to be considered. A list of references is required to be considered.
- Presentations range in length from 45 minutes

**ALL PROPOSALS ARE DUE August 13, 2011.**

**Selection Criteria**

Be sure to answer the following questions within your presentation proposal. Your proposal will be judged on the following selection criteria:

- Is the information presented relevant and significant to a PA's practice?
- Are the concepts introduced useful and practical? Balanced? Accepted practice? Cutting edge?
- Is the scope of the presentation appropriate to the requested time limitation?
- Is the instructional design creative, allowing for interaction among the participants?
- Is there demonstrated knowledge of the subject matter?
- Is the material presented logically?
- Is there an effective use of audiovisual and multimedia equipment?
- Is the scope appropriate for the physician assistant audience (years in practice, general, specialty)?

**Submitter's Contact Information:**

Name: \_\_\_\_\_

TAPA ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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**Proposal**

**All proposals are due August 13, 2011**

Submit your proposal by mailing this original form and three copies or submit online at <http://www.tapa.org/displayemailforms.cfm?emailformnbr=99852>

Presentation Title: \_\_\_\_\_

Primary Speaker/Chair: \_\_\_\_\_

Primary Therapeutic Category: \_\_\_\_\_

Secondary Therapeutic Category: \_\_\_\_\_

Tertiary Therapeutic Category: \_\_\_\_\_

**Instructional Method:** (check one most appropriate)

- Lecture with discussion
- Panel discussion
- Small group discussion (please provide maximum size of audience)
- Case presentation (please provide maximum size of audience)
- Hands-on workshop ( please provide maximum size of audience)

**Learning Objectives** (Complete this sentence: "At the conclusion of this presentation, participants will be able to....")

- 1.
- 2.
- 3.

**Program Description** (75-100 words describing session content and format. Be as specific as possible. Workshop requests should include a list of ALL equipment and supplies required for a successful workshop.

**Program Outline:**

A one-page outline of your presentation is required. Please attach your outline to this proposal.

**Tell Us About Yourself:**

Have you or one of your co-presenters given this specific presentation at another PA conference?

- Yes
- No

If yes, please specify where and when.

Attach a current copy of curriculum vitae and list of references for all suggested presenters.

**Submit your proposal by August 13, 2011 to:**

TAPA  
Attn: Spring Conference Committee  
401 W. 15<sup>th</sup> Street  
Austin, TX 78701  
[admin@tapa.org](mailto:admin@tapa.org)

**Primary Speaker:**

Name: \_\_\_\_\_

TAPA Member Number: \_\_\_\_\_

Title: \_\_\_\_\_

Organization (E.G. Practice Name, Institution): \_\_\_\_\_

Address: \_\_\_\_\_

City State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Co-Presenter #1**

Name: \_\_\_\_\_

TAPA Member Number: \_\_\_\_\_

Title: \_\_\_\_\_

Organization (E.G. Practice Name, Institution): \_\_\_\_\_

Address: \_\_\_\_\_

City State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Co-Presenter #2**

Name: \_\_\_\_\_

TAPA Member Number: \_\_\_\_\_

Title: \_\_\_\_\_

Organization (E.G. Practice Name, Institution): \_\_\_\_\_

Address: \_\_\_\_\_

City State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Co-Presenter #3**

Name: \_\_\_\_\_

TAPA Member Number: \_\_\_\_\_

Title: \_\_\_\_\_

Organization (E.G. Practice Name, Institution): \_\_\_\_\_

Address: \_\_\_\_\_

City State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Prior to finalization of the CME agenda, TAPA will correspond with the primary speaker only. Please list yourself as the primary speaker and list any co-presenters. Please remember that all PA speakers, panelists, workshop instructors must be current members of the Texas Academy of Physician Assistants at the time of participation. A list of references with contact information is required for all submissions.