



Texas Department of  
**Family and Protective Services**  
*Prevention & Early Intervention*

## Call for Presenters

### 24<sup>th</sup> Annual Partners in Prevention Conference

Hosted by Prevention and Early Intervention

Nov. 19-21, 2024 | Embassy Suites Denton Convention Center | Denton, TX

**APPLICATIONS DUE March 20, 2024**

## Default Question Block

Q0.

**Thank you for your interest in presenting at the largest annual conference of prevention and early intervention professionals in Texas!** The Partners in Prevention (PIP) Conference is open to parent educators, youth service providers, civic leaders, policy advocates, researchers, and others with professional interest in child and family well-being, youth development, and juvenile justice.

This year's conference will take place Tuesday, November 19 through Thursday, November 21, 2024 at the Embassy Suites Denton Convention Center.

PIP is a great venue to share your knowledge, skills, and research. Help shape our conference agenda by proposing learning sessions that are innovative, insightful, engaging, and would equip participants with tools or knowledge in one or more of the following areas:

- Child Abuse / Neglect Prevention
- Community Collaboration / Collective Impact
- Crisis Intervention
- Early Childhood Development
- Ethics

- Family Engagement
- Family Violence Awareness
- Health and Safety
- Home Visiting
- Leadership and Management
- Marketing / Communication
- Mental Health Promotion
- Military Families
- Parent and Youth Engagement
- Parent and Youth Voice (Lived experience)
- Parent Education
- Positive Youth Development
- Program Evaluation
- Program Sustainability
- Substance Abuse Prevention

**APPLICATIONS DUE March 20, 2024**

### **About Applying**

Complete the [online form](#) to submit your completed application. We recommend using Google Chrome, Firefox or Microsoft Edge to complete the application. You may notice glitches or problems if completing the application in Internet Explorer.

PIP 2024 will feature in-person sessions with some audience members attending virtually.

## Before You Begin

Please be sure you have all the necessary information before starting the application process in order to ensure your submission is successful.

This form is optimized for use in desktop browsers, but preferably **not** Internet Explorer. Applications can be revised using the blue arrows at the bottom of the application pages that point left and right. Use them to make necessary revisions and to review. When you're ready to submit, you'll use the blue arrow pointing right that immediately follows this question: *"You are almost done with completing your application. Please use the blue LEFT arrows below to navigate through your application to review and/or make any necessary revisions before clicking through the blue RIGHT arrows to finish submission. You'll know you've finished your application when you see a summary of your responses. We look forward to reviewing your complete application."*

## Be prepared to provide the following details:

- Speaker details, including credentials, short narrative biography, and a high resolution photo for each presenter (maximum four presenters per session)
- Previous presentation experience
- Session title, short session description, three learning objectives, as well as learning outcomes for nurses, and a draft outline of your presentation
- What types of activities your session will include
- Why you're the best presenter for the topic

Handwritten submissions and incomplete applications will not be accepted. Applicants interested in presenting multiple sessions must submit a separate proposal for each unique session.

## About The Selection Process

Submission of an application does not ensure your presentation will be selected for inclusion in the conference. A speaker selection committee will consider all applications prior to recommending a slate of presenters to PEI leadership. We plan to make all selections and

notify presenters by mid-May.

**If You Are Selected**

Eligible presenters will receive a speaker fee. Presenters may use the fee to offset travel-related expenses or toward time spent developing a session. Up to two complimentary conference registrations will be offered for each approved proposal. Complimentary registrations are to be used ONLY by conference presenters.

All selected presenters will be required to complete program forms including film release, conflict of interest, and financial disclosure forms, which are included in this application.

**Presentations and Accessibility Requirements**

Program materials should be in an accessible format. You can learn more [HERE](#).

**Questions?**

Please contact [pipcon@austin.utexas.edu](mailto:pipcon@austin.utexas.edu)

**APPLICATIONS DUE March 20, 2024**

Q1. Primary Presenter Information (the primary presenter will be the sole point of contact for follow-up questions from conference planners).

First Name

Last Name

Phone Number

Email Address

Employer/Organization

Website

Address

City

State

Zip Code

Position/Title

Degrees/Licenses

Primary Presenter's Short  
Biography (less than 100 words)  
Be sure it covers the presenter's  
experience/expertise in the  
presentation topic area.

Q2. Please upload a headshot for the primary presenter  
(Please use the presenter's name as the file name).

Q3. Do you have additional presenters?

☐ Yes

☐ No

## Q4. 1st Additional Presenter Information

First Name

Last Name

Phone Number

Email Address

Employer/Organization

Website

Address

City

State

Zip Code



Position/Title

Degrees/Licenses

First Additional Presenter's Short Biography (less than 100 words)  
Be sure it covers the presenter's experience/expertise in the presentation topic area.

Q5. Please upload a headshot for the first additional presenter (Please use the presenter's name as the file name).

Q6. Do you have additional presenters?

- ☐ Yes
- ☐ No

## Q7. 2nd Additional Presenter Information

First Name

Last Name

Phone Number

Email Address

Employer/Organization

Website

Address

City

State

Zip Code

Position/Title

Degrees/Licenses

Second Additional Presenter's Short Biography (less than 100 words) Be sure it covers the presenter's experience/expertise in the presentation topic area.

Q8. Please upload a headshot for the second additional presenter (Please use the presenter's name as the file name).

Q9. Do you have an additional presenter?

☐ Yes

☐ No

## Q10. 3rd Additional Presenter Information

First Name

Last Name

Phone Number

Email Address

Employer/Organization

Website

Address

City

State

Zip Code

Position/Title

Degrees/Licenses

3rd Primary Presenter's Short  
Biography (less than 100 words)  
Be sure it covers the presenter's  
experience/expertise in the  
presentation topic area.

Q11. Please upload a headshot for the third additional  
presenter (Please use the presenter's name as the file  
name).

Q12. Please share your social media info with us.

X (Twitter) handle (@)

Facebook Handle

LinkedIn URL

Instagram Handle (@)

Q13. Please indicate all dates you will be available to present.

- ☐ Tuesday, November 19, 2024
- ☐ Wednesday, November 20, 2024
- ☐ Thursday, November 21, 2024

Q14. I am willing to repeat my session during the conference.

Yes  
☐

No  
☐

Q15. We invite and encourage the voices and stories of parents and youth. Are there any youth or parents on this presentation team?

Yes  
☐

No  
☐

Q16.

Parent or Youth will need to fill out a consent form in order to present. Please provide the contact information for your parent or youth representative (name, email, and phone number) below. They will only be contacted if the session is accepted.

Parent/Youth Representative First  
and Last Name

Parent/Youth Representative Email

Parent/Youth Representative  
Phone Number



Q17. Please list the most recent conference/event/class at which you have presented (please include PIP if you've presented for us before). If you have not previously presented at an event, please enter "NA" in each field.

Conference Name 1

Conference Date

Session Title

Q18. Please select the most appropriate audience level for this session.

Introductory/  
Conceptual Overview

☐

Real World Application  
(e.g. program roll out,  
lessons learned debrief)

☐

Advanced (Workshop  
driven)

☐

Q19.

What is your ideal session length? (If you have not timed your presentation before, it is highly recommended prior to submitting a proposal. PIP Conference workshops begin with brief (3-5 minute) introductions and recommend you close with 5-15 minutes of audience discussion/Q&A time.

- ☐ 1 - 1.5 hours
- ☐ 1.5 - 3 hours

Q20. Which topic area BEST describes your workshop?

- ☐ Early Childhood
- ☐ Youth and Family
- ☐ Family Engagement
- ☐ Targeted Populations
- ☐ Community Collaboration
- ☐ Professional Development
- ☐ Health and Safety
- ☐ Research, Evaluation, and Policy
- ☐ Ethics

Q21. Session Title (Your title should clearly outline the content of your presentation. It should NOT exceed 100 characters.)

Q22. Please provide a detailed workshop description (50 words maximum) for the selection committee's review and for use in the event program. PEI may edit descriptions to meet space or marketing requirements.

Q23. Provide three learning objectives for your presentation. (What will your workshop change in attendees' skills or thinking? What will attendees be able to do better or differently than they could before?)

Learning Objective 1

Learning Objective 2

Learning Objective 3

Q24. If you have materials that you would like to share with us now, please feel free to upload. The file name must include your last name and session title. (Please combine all materials into one document for upload.)

Q25. Which presentation types BEST describe your workshop? (Please limit selections to THREE maximum)

- ☐ Case Scenarios
- ☐ Demonstration
- ☐ Goal setting/action plan
- ☐ Hands-on activities
- ☐ Innovative ideas
- ☐ Large group discussion
- ☐ Lecture
- ☐ Panel discussion
- ☐ Reflective activity
- ☐ Role play
- ☐ Share best practices
- ☐ Skill-building / practical
- ☐ Small group discussion
- ☐ Video
- ☐ Other (e.g. virtual breakouts/live polling/etc.)

Q26. You selected OTHER in the presentation types.  
Describe your other activity/method to enhance learning during your session.

Q27. Why are you (or your team) the best choice to present on this topic? (Tell us why we should select this presentation and why you/your team are passionate about this topic.)

Q28.

Please review the Terms and Conditions statements below, then enter the names of all presenters for your session, signifying your/their agreement to the stated terms and conditions.

As a speaker for the 2024 Partners in Prevention Conference, I agree to the following:

- The University of Texas at Austin and Prevention and Early Intervention may make audio and video recordings of my performance and include portions of such recordings or photography in marketing publications. Photographs, video, or recordings made by the University of Texas at Austin and Prevention and Early Intervention will be used for social media, advertisements, print materials, etc. The University of Texas at Austin and Prevention and Early Intervention agree that they will not use flash photography and will not broadcast or distribute the speaker's performance in its entirety without the speaker's written permission.
- I, the speaker(s), will adhere to the session description and learning objectives originally submitted on which I am an expert. Political agendas, inflammatory rhetoric, religious agendas, and untested/bad science are prohibited.

I, the speaker(s), will not use this presentation to violate

- I, the speaker(s), will not use this presentation to pitch products, trainings, or services, promote a book, ask for funding, or other forms of enrichment.
- The views and opinions expressed by the speaker(s) during the presentation do not necessarily reflect those of the University of Texas at Austin nor Prevention and Early Intervention. Nor does the mention of trade names, commercial practices, or organizations imply endorsement by the university nor Prevention and Early Intervention.

I recognize that failure to adhere to this agreement could result in forfeiture of some or all honorarium/  
reimbursement and/or exclusion from future speaking opportunities at the University of Texas at Austin and/or Prevention and Early Intervention.

**By entering the name of each presenter below, you/  
your co-presenters agree to the above terms and  
conditions (enter NA on fields where there are not  
additional presenters).**

Primary Presenter First and Last  
Name

1st Additional Presenter First and  
Last Name

2nd Additional Presenter First and Last Name



2nd Additional Presenter First and  
Last Name

3rd Additional Presenter First and  
Last Name

*Q29. We encourage you to submit your session for Continuing Nursing Education Units. They are highly sought after and bolster session attendance.*

Are you interested in having your session be considered for Continuing Nursing Education units?

- ☐ Yes
- ☐ No

Q30.

Since you selected "yes," the following is information we need in order to consider your session for CNEs.

First, please download and complete the Activity Documentation Template:

[CNEActivityDocumentationTemplate](#)

***NOTE: You'll need to have a timed outline of your session and provide at least three citations as part of the completion of the Activity Documentation Template.***

*You'll be asked to upload the completed document in the next question.*

Then, please answer all questions in the following section.

- ☐ I understand, have downloaded the template and wish to proceed.

Q31. Upload your completed Activity Documentation Template here. (Please make sure the title contains the primary presenter's name.)

Q32.

Is this activity Continuing Nursing Education (CNE) for the Registered Nurse as defined/outlined by the Texas Board of Nursing?

**NOTE:** CNE is defined by ANCC as a planned, organized learning experience designed to improve the knowledge, skills, and practice of Registered Nurses. It should enhance nursing practice, theory development, research, and administration. It should be generalizable and evidence-based/best practice. The outcome should be to improve the health and well-being of the public while supporting the Registered Nurse's pursuit of continued competency and life-long learning.

**If this activity is not CNE, please do not complete this form.**

- ☐ Yes
- ☐ No

Q33. The next 3-4 questions address conflict of interest and commercial interests. All activity development should be undertaken independent of any commercial interests. Everyone who is in a position to control content must disclose all relevant financial relationships with a commercial interest to UT Austin School of Nursing Accredited Provider Unit. This provider unit must have implemented mechanisms to identify and resolve all conflicts of interest prior to the educational activity being delivered to learners.

☐ I acknowledge understanding of this statement

Q34. Do you have the ability to control the content of this activity (presentation)? HINT: If you have been directed to fill out this form, that means your answer should probably be "yes".

☐ Yes

☐ No

Q35. Do you currently have or have had within the last 24 months, a financial relationship with a commercial interest organization? A commercial interest is defined as any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

- ☐ Yes
- ☐ No

Q36. Is there a relationship between the products of the commercial interest organization and the topic of the activity?

- ☐ Yes
- ☐ No

Q37. A commercial interest, as defined by the American Nurse's Credentialing Center (ANCC) and the Texas Nurses Association (TNA), is **any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.** Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

**Commercial support** is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

**Sponsorship** is an organization providing financial or in-kind support that does not meet the definition of a commercial interest.

**Based on the information provided above, is your event being provided with commercial support (financial support from a commercial interest)?**

- ☐ Yes
- ☐ No

Q38. Each presentation is required to specify teaching methods. Indicate below which teaching methods you will be using in your presentation:

- ☐ Lecture
- ☐ Audiovisual Support (PowerPoint, Video, etc.)
- ☐ Handout
- ☐  Other:

Q39. Indicate below which learner engagement strategies you will be using in your presentation:

- ☐ Question and Answer
- ☐ Dialogue and Discussion
- ☐ Self-check and Reflection
- ☐ Problem-based Learning
- ☐ Group Project
- ☐ Case Studies
- ☐ Other:



Q40. Please explain what other learner engagement strategies you will use:

Q41. What is the expected length of your presentation, including 5 minutes for the evaluation?

- ☐ 60 minutes (breakout session or keynote)
- ☐ 180 minutes (intensive)

**Q42. You are almost done with completing your application. Please use the LEFT arrows below to navigate through your application to review and/or make any necessary revisions before clicking through the blue RIGHT arrows to finish submission. You'll know you've finished your application when you see a summary of your responses. We look forward to reviewing your complete application.**

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