Date of submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The New England Child Life Professionals, Inc. (NECLP) organization is currently accepting submissions for both virtual and in person conference presentations. Please note, that virtual educational opportunities in the form of live webinars may occur throughout the year. We look forward to your proposal to present for one of our sessions.

Currently, NECLP does not use a blind application process. Presenters will be chosen based on content and relevance in correlation with the Association of Child Life Professionals’ Certification Domains found at:

<https://www.childlife.org/docs/default-source/certification/exam-content-outline-2024.pdf>

Presenters shall not sell or promote any particular product or service at any time during the presentation.

Abstracts submitted for presentation must focus on the psychosocial and/or developmental needs of pediatric patients and families or professional issues relevant to the child life professional. All submissions must be sent by email to the designated NECLP Board Member noted at the bottom of the application. All applicants will be notified, via email, whether or not their submission has been accepted. Presenters are limited to one presentation per calendar year.

Presenters will:

\*Work with assigned board member(s) to coordinate a timeline for the presentation that works for both the presenter and the organization
\*Present through the NECLP Zoom account (if a webinar)
\*Be responsible to also provided follow up questions based on the presentation to be used in a post-test

NECLP will:

\*Assume all responsibilities for registration, communications with attendees, administration of post-test if appropriate, and provide verification and certificates of attendance
\*Provide feedback from attendees to the presenter from a follow up evaluation.
\*Not compensate the presenter

**Part 1**

**Presenter’s Name & Credentials** \*:

*\* Also to be noted as our Contact Person*

**Hospital/Organization**:

**City** **State**

**Phone Number**  **Fax**

**Email:**

**Additional Presenters’ Names, Credentials, & Organization’s Name, City & State:**

**Session Title**:

**Please list at least two (2) learning objectives for attendees:**

1.
2.
3.

**Brochure Description** (100 words, maximum, please):

**Please select your session time preference:** \_\_\_\_\_ 60 minutes \_\_\_\_\_ 90 minutes

**Part 2**

**Materials to be submitted:**

* **Abstract:**
* Include the following at the top of abstract
* Contact Person’s Name
* Session Title
* Limit 500 words: Please type your presentation in a clear and concise manner, that directly correlates with your session title and objectives previously listed
* **Resume/CV**
* One from each presenter
* Each individual should also include the following information
* Presenter’s expertise which qualifies him/her to present this topic
* List your 3 most current professional presentations made, or indicate you will be presenting for the first time
* **Bio**
* Each Presenter must submit a short bio which will be posted on our website, if presentation accepted
* Limit 200 words per presenter

**Unless instructed otherwise, please email your completed submission to the current NECLP Vice President, at** **vicepresident@newenglandchildlife.org****.**

*Thank you again for supporting NECLP and New England’s child life professionals!*