



38th Annual MH/IDD Joint Conference CALL FOR PRESENTATIONS
IP Casino, Biloxi, MS - October 21-23, 2026
Together We Rise: Shaping the Future of Mississippi
DEADLINE : APRIL 30, 2026

SECTION A. IDENTIFYING INFORMATION

Name:	Title of Conference:		
Home Address:			
Best Contact Number:	Email Address:		
Employer:			
Employer Address:			
Job Title:			
Title of Presentation:			
Select the option that best describes your role:	Lead Presenter	Co-Presenter	Planner

SECTION B. VESTED INTEREST

1. Have you received anything of value from a commercial supporter, which may have been perceived as direct or indirect interest in the subject(s) you are addressing in this educational activity?		Yes	No
If yes to (1), please list the commercial supporter:			
If yes to (1), please describe your relationship: (select all that apply)			
Speaker's Bureau	Shareholder		
Consultant	Grant/Research Support		
Major Stockholder	No relationship		
Large Gift(s)	Other, please describe:		
If yes to (1), How will conflict of interest be resolved?			
2. Describe professional experience and/or areas of expertise (including publications) related to the involvement in continuing education.			
3. Identify how you took part in the planning and evaluation of this activity:			
Planned objectives/content	Reviewed evaluation summary		
Planned time frame	Will utilize evaluation to revise presentation as needed		
Planned teaching strategies	Other, please describe:		
Attended committee meetings			

SECTION C. PRESENTER QUESTIONS (VESTED INTEREST)

4. **Presenter:** During your presentation, will you include discussion of an unlabeled or the investigational use of a produce, device, or drug that has not been approved by the FDA? For the use being presented in this educational activity? Yes No

If yes to (4), please explain

If yes to (4), you must disclose this information during your presentation. Select the method of disclosure:

Handouts	Verbally, during presentation
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Audiovisuals	Other, please describe:
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If yes to (4), How will conflict of interest be resolved?

5. **Presenter:** How will your presentation practice cultural awareness?

SECTION D. BIOGRAPHICAL DATA-ALL PRESENTERS MUST ATTACH CURRICULUM VITAE AND BIO FOR INTRODUCTIONS

Presenter 1:

Name:	Home Address:
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Employer:	Employer Address:
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Phone:	E-Mail Address:
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Job Title:	Professional License:
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EDUCATION.

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

Presenter 2:

Name:	Home Address:
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Employer:	Employer Address:
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Phone:	E-Mail Address:
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Job Title:	Professional License:
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EDUCATION.

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

ADDITIONAL PRESENTERS

BIOGRAPHICAL DATA-ALL PRESENTERS MUST ATTACH CURRICULUM VITAE AND BIO FOR INTRODUCTIONS

Presenter 3:

Name:	Home Address:
Employer:	Employer Address:
Phone:	E-Mail Address:
Job Title:	Professional License:

EDUCATION.

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

Presenter 4:

Name:	Home Address:
Employer:	Employer Address:
Phone:	E-Mail Address:
Job Title:	Professional License:

EDUCATION.

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

Presenter 5:

Name:	Home Address:
Employer:	Employer Address:
Phone:	E-Mail Address:
Job Title:	Professional License:

EDUCATION.

DEGREE	INSTITUTION	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED

SECTION E. PRESENTATION ABSTRACT & REFERENCES

Title of Presentation:

Continuing Education (CE) Category: **General** **Ethics** **Cultural** **Clinical Supervision**

ABSTRACT (3-5 SENTENCES EXPLAINING YOUR PRESENTATION)

CITATIONS/ REFERENCES. (MINIMUM OF 3 SCHOLARLY REFERENCES: APA FORMAT)

SECTION F. PRESENTATION OUTLINE

Duration of Presentation: (All sessions must be at least 60 minutes)

Evaluation Tool: (Select the evaluation method to be used to evaluate this activity.)

Post Test	Attitude Scale	Structured Interview	Direct Observation of skill performance	Other:
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Evaluation Category: (Select the most appropriate evaluation category for this activity.)

Learner Satisfaction	Skill and attitude change	Knowledge	Change in Practice	Other:
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Objectives: Must provide 3 objectives. Please be specific and begin objectives with action verbs such as: Discuss, Explain, Define, List, Demonstrate, etc.

Objective 1:	Presenter(s): List for each objective.	Time Frame: List for each objective.	Teaching Strategies/Resources: List for each objective and list audio visuals needed.
Objective 1 Supporting Information:	1. 2. 3.		<input type="checkbox"/> Lecture/Role Play <input type="checkbox"/> Graphics/Visuals <input type="checkbox"/> Questions/Answers <input type="checkbox"/> Group Work Relevant <input type="checkbox"/> Strategies Online <input type="checkbox"/> Feedback <input type="checkbox"/> Other:
Objective 2:	Presenter(s): List for each objective.	Time Frame: List for each objective.	Teaching Strategies/Resources: List for each objective and list audio visuals needed.
Objective 2 Supporting Information:	1. 2. 3.		<input type="checkbox"/> Lecture/Role Play <input type="checkbox"/> Graphics/Visuals <input type="checkbox"/> Questions/Answers <input type="checkbox"/> Group Work Relevant <input type="checkbox"/> Strategies Online <input type="checkbox"/> Feedback <input type="checkbox"/> Other:
Objective 3:	Presenter(s): List for each objective.	Time Frame: List for each objective.	Teaching Strategies/Resources: List for each objective and list audio visuals needed.
Objective 3 Supporting Information:	1. 2. 3.		<input type="checkbox"/> Lecture/Role Play <input type="checkbox"/> Graphics/Visuals <input type="checkbox"/> Questions/Answers <input type="checkbox"/> Group Work Relevant <input type="checkbox"/> Strategies Online <input type="checkbox"/> Feedback <input type="checkbox"/> Other:

Template for Collecting Information about All Financial Relationships from Nurse Planners, Content Expert, Faculty, and Others

To be completed by Nurse Planner or designee:

Name of Individual/credentials:

Title of NCPD Activity:

38th Annual MH/IDD Joint Conference

Date and location of NCPD activity:

IP Casino
850 Bayview Ave
Biloxi, MS 39530

Individual's prospective role(s) in NCPD activity
Identify the prospective role(s) that this person may have in the planning and delivery of this education (choose all that apply)

- Nurse Planner
- Content Expert
- Teacher, Instructor, Faculty
- Author, Writer
- Content Reviewer
- Other _____

As the nurse planner, content expert or faculty member or other, we ask for your help in protecting our learning environment from industry influence. Please complete the form below and return it to aholder@smsmsh.ms.gov by **April 30, 2026**.

The Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of approved continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at **601-794-0228**.

To be Completed by Nurse Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company

An **ineligible company** is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

For specific examples of ineligible companies visit accme.org/standards.

Enter the Nature of Financial Relationship

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options **MUST** be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies **MUST** be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.

Has the Relationship Ended?

If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.

Example: IV Company

RN Research Coordinator and Educator

In the past 24 months, I have not had any financial relationships with any ineligible companies.

I attest that the above information is correct as of this date of submission.

Date



Note for ANCC Accredited Approver Program Director or Nurse Planner for IAAs

Use this template to collect all relevant financial relationships of prospective planners, faculty, and others who may control educational content before they assume their role in education. As an alternative to collecting disclosure information for each activity, if your planners and faculty are a set group of individuals, you might choose to collect this information on an annual or periodic basis and ask the individuals to update if any information changes during the year.

As the Nurse Planner of the activity I, **April Holder** reviewed all financial forms and found no financial relationships to disclose.

As a member of the planning committee, I reviewed the Nurse Planner's financial form and found no financial relationships to disclose.

Planning Table

Topic or Name of Presentation:			
CONTENT (Topics)	TIME FRAME (if live)	PRESENTER/ AUTHOR	TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES
Provide an outline of the content	Approximate time required for content	List the Author	List the learner engagement strategies to be used by Faculty, Presenters, Authors
			<input type="checkbox"/> Lecture/Role Play <input type="checkbox"/> Graphics/Visuals <input type="checkbox"/> Questions/Answers <input type="checkbox"/> Group Work Relevant <input type="checkbox"/> Strategies Online <input type="checkbox"/> Feedback <input type="checkbox"/> Other
			Lecture/Role Play <input type="checkbox"/> Graphics/Visuals Questions/Answers <input type="checkbox"/> Group Work Relevant Strategies Online <input type="checkbox"/> Feedback <input type="checkbox"/> Other
			Lecture/Role Play <input type="checkbox"/> Graphics/Visuals Questions/Answers <input type="checkbox"/> Group Work Relevant Strategies Online <input type="checkbox"/> Feedback <input type="checkbox"/> Other
List the evidence-based references used for developing this educational activity:			

SECTION G. SIGNATURE

CONFERENCE REGISTRATION TYPE:

Presenting Only - **Not attending Conference**

Attending Conference

SIGNATURE. PLEASE SIGN AND DATE BELOW. (IF PROVIDING ELECTRONIC SIGNATURE, PLEASE CHECK RHW BOX PROVIDED BELOW THE SIGNATURE LINE

SIGNATURE:

DATE:

MY ELECTRONIC SIGNATURE ABOVE IS THE EQUIVALENT OF MY ACKNOWLEDGEMENT AND VERIFICATION OF THE INFORMATION PROVIDED.

SECTION H. ADDITIONAL INFORMATION

- **ALL PRESENTERS MUST SUBMIT A CURRICULUM VITAE OR RESUME**
- **ALL PRESENTERS MUST SUBMIT A BRIEF BIO**

DEADLINE TO SUBMIT PROPOSAL: APRIL 30, 2026