





## NAME Conference Presenter Application

Note: Presentation qualifications, at least one presenter is a current voting member of NAME

### 1) Lead Presenter Contact Information:

The lead presenter is the person with whom the Education and Program Subcommittee will communicate and who is responsible for sharing information with his/her co-presenters. The lead presenter of a selected presentation will receive a \$50 discount from the conference registration fee, unless he/she defers the discount to another individual of the team. (Designated on page 9)

FIRST NAME

LAST NAME

TITLE

ORGANIZATION NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

## 1) Lead Presenter Short Bio

Professional career, include education, degrees, and positions held, including responsibilities in current position. **This information will appear in the official conference program.**

(Limit to 500 character count max)

## 2) Additional session Presenter information:

FIRST NAME

LAST NAME

TITLE

ORGANIZATION NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL

## 2) Additional Presenter Short Bio:

Professional career, include education, degrees, and positions held, including responsibilities in current position. **This information will appear in the official conference program.**

(Limit to 500 character count max)

### 3) Additional session Presenter information:

FIRST NAME

LAST NAME

TITLE

ORGANIZATION NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL

### 3) Additional Presenter Short Bio

Professional career, include education, degrees, and positions held, including responsibilities in current position. **This information will appear in the official conference program.**  
(Limit to 500 character count max)

***For additional Presenters- please attach additional paperwork.***

## Presentation Details:

A) Suggested Title of Presentation: *In ten words or less, this should as closely as possible inform attendees what the session is about and entice them to attend.*

B) Program Abstract: *In four-five sentences, describe in detail the goal of the presentation. Some or all of this will appear in the official conference program and maybe edited for clarity and/or space.*

C) Learning Outcomes: *Provide at least three session objectives. Program objectives are to be included in your actual presentation.*

*Samples include: Participants of this session will be able to:*

- 1) Use at least three techniques to prepare for an audit of their program
- 2) Identify 1-2 federal regulations related to Third Party Liability (TPL)
- 3) List at least two strategies for success of a Medicaid School Based Services Program

**D) Which area(s) does your proposal address?**

**Please check each box that applies:**

- Medicaid Administrative Outreach/Claiming Services
- Medicaid IEP/IFSP Direct/Related Services
- IDEA Funding or Regulations
- Innovative Programs/Services for Students with Disabilities
- Professional Development
- Affordable Care Act
- Other

**E) Type of session proposed**

**Please check each box that applies:**

- Nugget: 30 minute session that is repeated, back to back three times concurrently with multiple other sessions.
- We are /I am willing to repeat Nugget in more than one time slot
- Breakout Session: 1.5 hour in-depth presentation on specific relevant topic. Provided concurrently with other Breakout Sessions.
- We are/I am willing to repeat Breakout Session more than once.

**F) Audio/Visual Needs**

*NOTE: The NAME Conference Committee will attempt to provide the equipment requested, but cost and availability to do so.*

**Please check all equipment that will be needed during the presentation.**

- |                    |                           |
|--------------------|---------------------------|
| Overhead projector | Data (computer) projector |
| TV/DVD Player      | Microphone                |
| Other              |                           |



### G) Proposal Agreement

I/We agree that by submitting a proposal to conduct a presentation at the 2017 National Alliance for Medicaid in Education, Inc. (NAME) Annual Conference, each presenter must comply with the conditions below.

**Please check each statement to indicate you understand and consent to the following:**

To attend the Conference (not just as a presenter), it is necessary to register and pay the registration fee. \*

I/We are responsible for all our own travel and related expenses, including hotel.

Our presentation materials will be submitted according to the timelines established by NAME.

We understand at any point in the selection or publishing process, NAME may propose edits to some aspects of our presentation materials, including the title, session description and slide-based presentation.

Our presentation and handout materials will be placed on the NAME website.

Our presentation will not include product, marketing and/or sales pitches or company logos.

If selected, each member of our presentation will sign a Speaker Declaration Form and disclose to Conference participants prior to start of each of our sessions, that existence of any relevant and /or financial relationship(s) with commercial company(ies) or entity(ies) whose products are related in anyway to the content of the presentation.

i/We are aware that NAME does not endorse any product or service, nor does NAME warrant any advice given by presenters hosted by NAME, regardless of credentials, certification and/or license to practice of one or all of the presenters.

### H) Registration Discount

Each unique Nugget and Breakout Session presentation accepted will receive ONE \$50 Conference registration discount.

**Please check only one box:**

As explained in the first section of the application, the lead presenter of the presentation team will receive the registration discount.

Instead of the lead presenter receiving the registration discount, we have designated another presentation member to received the discount, list name in OTHER below:

Other

\* Presenters must register and pay to attend the Conference and are responsible for all their own travel, hotel and other related expenses.

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**By May 1, 2017**

E-mail this completed application as an attachment to:  
[ConferenceCommittee@MedicaidForEducation.org](mailto:ConferenceCommittee@MedicaidForEducation.org)  
and include in the subject line: **NAME Conference Application**

Questions? Please contact the Education and Program Subcommittee Members:

Dario Avila (TX)	or	Shawna Dippman (MI)
<a href="mailto:dario.avila@hhsc.state.tx.us">dario.avila@hhsc.state.tx.us</a>		<a href="mailto:shawna.dippman@monroeisd.us">shawna.dippman@monroeisd.us</a>
512-730-7455		734-342-8620

### **Proposal Checklist:**

Deadline for submission of your proposal is May 1, 2017

Applicants will be notified of acceptance in June 2017

Final presentation materials (i.e. presentations slides and handouts) must be submitted electronically to NAME by September 1, 2017.

Double check that information has been completed on the application and make sure to save a copy.

Submitted applications are evaluated and will be scored by the Conference Education and Program Subcommittee using the following selection criteria:

Appropriate for the NAME audience, and

Session supports Conference goals, and

Presenter qualifications, and at least one of the team is a current NAME voting member, and

Further the Mission of NAME, and

is NOT a sales, marketing or promotional pitch.