



Presentation Abstract

The Mississippi Nurses' Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on accreditation.

Title of Presentation: _____
(Title should clearly indicate the content of the presentation)

INSTRUCTIONS:

Each speaker must complete a separate form representing his or her portion of the presentation.
COMPLETE ALL SECTIONS. Submit a current CV and professional headshot with this form.

Speaker's Name with Credentials/Degrees: _____

Phone Number: _____ Email Address: _____

PRESENTATION ABSTRACT: Please limit abstract to 100 words or less. Please identify which conference outcome(s) will be addressed by this presentation.

PRESENTATION CONTENT: Please describe the content of the presentation; include time frames for each topic and planned learner engagement strategies.

SPECIAL AV REQUIREMENTS: Each room will have a table and/or podium, lavalier mic, LCD projector, and laptop. Please identify any additional/alternative AV needs.

MNA Presentation Abstract

REFERENCES FOR PRESENTATION: Enter a minimum of 2 references using APA format

EXPERTISE: Please limit to 75 words or less. You must have expertise to be considered qualified to speak on your presentation. Describe your professional expertise specific to the involvement in this CE activity. (Include experience, publications, content expert, and presentations.)

SHORT BIO: Please provide a short bio (100 words or less) to be used as your introduction. Please limit to your professional education and experiences.

RELEVANT FINANCIAL RELATIONSHIPS

When an individual has the ability to control or influence the content of an educational activity, and has a co-existing relevant financial relationship with an ineligible company, the potential for bias introduction exists.

Please disclose all financial relationships that you have had in the past 24 months with ineligible companies, or check the box below denoting that you have not had any financial relationships with any ineligible companies. For each financial relationship, enter the name of the company and the nature of the relationship. There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount with ineligible companies.

Name of Eligible Company	Nature of Financial Relationship	Has relationship ended?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

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

Statement of Understanding:

Completion of the line below serves as the electronic signature of the individual completing this Presentation Abstract Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name and Credentials (Required)

Date