



## **2024 Call for Presentations**

### **Submission Deadline-April 12, 2024**

The Tennessee Health Care Association (THCA) and the Tennessee Center for Assisted Living (TNCAL) invites individuals with expertise in long-term care to submit session proposals for presentation during its annual convention, to be held at the Music City Center in Nashville, August 21-23, 2024.

Benefits to speakers include:

- Opportunity to share ideas, knowledge and experience with a variety of disciplines that are well represented;
- Wonderful opportunity to network with key decision makers and front-line staff of Tennessee nursing homes and assisted care living facilities, which will ultimately increase your visibility and credibility; and
- Presenters will receive a complimentary registration to the annual convention.

### **Presentation Information**

***Audience:*** Educational sessions are offered for the following attendees: facility owners, corporate management, finance directors, nursing home and assisted living administrators, directors of nursing (DON), dietary managers, activity directors, environmental service managers, social service workers, billing office personnel, marketing/admissions managers and certified nursing assistants (CNA).

***Audiovisual Equipment:*** THCA will provide projectors, screens, and microphones. Speakers must bring their own laptop computers.

***Audience Characteristics:*** THCA/TNCAL represents over 400 long-

term care facilities and assisted care living facilities (ACLF), providing care and services to approximately 26,000 elderly and disabled patients. The convention draws approximately 500 attendees. The audience is experienced and knowledgeable and expects the most current information and highest quality training available.

**Session Length:** Breakout sessions are scheduled for either one or two hours, depending on the time slot. This includes time for questions and answers.

### **Submission Policies**

A maximum of two proposals may be submitted from a single individual or organization. Only proposals with the required attachments will be accepted.

Organizations or individuals that submit proposals must be members of the Tennessee Health Care Association. If you are not sure you are a member please contact Darius McDonald, Director of Membership Services at [dmcdonald@thca.org](mailto:dmcdonald@thca.org).

**Proposals/Presentations must be free of any promotional or commercial content. Presenters may not use their presentation to market products or services; all information must be product-neutral. This includes the audio-visual presentation and handouts.**

If selected to make a presentation, handouts are to be submitted to THCA in the required format by July 26, 2024. **Our members appreciate handouts provided to them based on the information that is being presented, such as PowerPoint presentations. THCA will provide the material to attendees.**

All proposals must be received by April 12, 2024. Speakers are strongly encouraged to submit their proposals via e-mail attachments. However, the association will accept them via U.S. mail. If sending a submission via e-mail, please send it to Darius McDonald, Director of Membership Services at [dmcdonald@thca.org](mailto:dmcdonald@thca.org).

THCA/TNCAL reserves the right to modify sessions and edit descriptions.

## **Selection and Notification**

### **Proposals are reviewed for:**

Uniqueness and applicability to current issues in the long-term care industry;

Relevance to the needs of key constituencies; and

Practical, results-oriented applications.

Individuals submitting proposals will be notified via e-mail on or before May 23, 2024, regarding results of the selection process. To ensure availability, potential speakers should tentatively reserve the convention dates: August 21-23, 2024.

### **Topics of Interest:**

- **Leadership/Motivational**
- **Assessments, Documentation and Care Planning**
- **Facility Marketing and Census Building**
- **Best Practices in Nursing, Dietary, Activities, Social Work, and Environmental Services & Maintenance**
- **Current Regulatory and Survey Topics**
- **Workforce Recruitment & Retention**
- **Quality Measures**
- **Legal Issues**
- **Quality Assurance Performance Improvement (QAPI)**
- **Reimbursement**

### **Speaker Expenses/Honoraria**

The association selects speakers who share their expertise for the overall benefit of the long-term care profession. THCA/TNCAL does not pay per diem, honoraria or expenses through the "Call for Presentations" however, the convention registration fee is waived for all speakers and there is significant industry exposure for the organization. The registration fee includes attendance at other sessions during the convention and entrance to the trade show during general hours.

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A SEPARATE PROPOSAL AND LEARNER OBJECTIVE FORM MUST BE SUBMITTED FOR EACH PROPOSED PRESENTATION.

- 1.** Contact information of person submitting proposal *(if different from speaker)*

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
DATE: \_\_\_\_\_

- 2.** SPEAKER INFORMATION

☐ SAME AS ABOVE

**Please complete sections #2, #3, #4, and #9 for each additional speaker if there are multiple speakers presenting the proposed session(s).**

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

\*SPONSORING COMPANY: \_\_\_\_\_

- 3.** Provide a one paragraph narrative bio that describes your expertise in the topic. If selected, this information will be published in promotional materials and it will be used as your introduction during our annual convention.

- 4.** List three professional references. *(Please complete the information that follows for three professional references – from three different organizations – who could speak to your presentation style/skills as a presenter. Do not include THCA staff members as references.)*

**No. 1:** NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**No. 2:** NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**No. 3:** NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

**5.** Time length of this presentation: *(check one)*

☐ **One Hour**

☐ **Two Hours**

**6.** What is the **proposed title** of the breakout session? *(Should be no longer than seven words)*

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**7. Who is the **target audience?** (*check all that apply*)**

☐ **Universal**

- |   |  |
|---|--|
| <input type="checkbox"/> Facility Owners          | <input type="checkbox"/> Dietary Managers & Staff          |
| <input type="checkbox"/> Corporate Staff          | <input type="checkbox"/> Activity Professionals            |
| <input type="checkbox"/> Administrators           | <input type="checkbox"/> Environmental Managers            |
| <input type="checkbox"/> Directors of Nursing     | <input type="checkbox"/> Marketing/Admissions              |
| <input type="checkbox"/> Social Service Workers   | <input type="checkbox"/> Activity Directors                |
| <input type="checkbox"/> Billing Office Personnel | <input type="checkbox"/> Assisted Living Directors & Staff |
| <input type="checkbox"/> Nursing Staff            |  |
| <input type="checkbox"/> Finance Directors        |  |

**8. Complete the separate “Learner Objective Form” for each proposed session submitted. Proposals *will not* be accepted without this attachment.**

**9. Please include resume/curriculum vitae with your submission.**

**Thank you for your submission!**