



# ***Call for Presentation***

## ***National Native American EMS 20<sup>th</sup> Annual EMS Educational Conference November 7-11, 2011 in Las Vegas, NV***

The National Native American EMS Association is committed to enhancing the quality of patient care delivered to Native Americans through providing continuing education that incorporates cognitive and psychomotor skills preparation enhances practitioner self-esteem and builds leadership skills.

The NNAEMSA Annual Conference Education Committee is recruiting conference faculty to present topics of relevance to EMS providers of basic and advanced skill levels, educators and administrators. Participants are emergency medical service professionals who function in rural Native American communities across Indian country. Over 80 tribal EMS programs from across the Nation are represented by NNAEMSA.

If you are interested in being considered for a faculty position at our 2011 conference, please complete and submit the **General Speaker Information Form** no later than March 1<sup>st</sup>, 2011. A completed **Presentation Form** for each proposed topic must be submitted prior to final selection as conference faculty. Speakers may utilize the enclosed forms or submit the requested information in electronic format. Speakers are encouraged to submit two or more different topics. The time frame provided for general sessions is 1-1 ½ hours and 1 hour for breakout sessions.

NNAEMSA provides reasonable travel and per-diem expenses (government rates) and accommodations at the conference hotel for conference faculty. Speakers will receive complementary conference registration which included a copy of all conference materials and may attend all conference sessions and activities, including the awards banquet and luncheon.

The NNAEMSA is a non-profit organization and operates with limited funding (donations) Speaker/Presenter fees and or honorarium; or additional compensation cannot usually be considered and must be requested in advance and pre-approved by the Board of Directors. Receipts for donated Speaker fees will be issued upon request.

**Completed faculty packets should be submitted via mail, fax or e-mail to:**

**NNAEMSA Education Committee**  
**Mail:** P.O. Box 86  
Park Hill OK 74451  
**Fax:** (918) 458-4488  
**E-Mail to:** [larry.richmond@ihs.gov](mailto:larry.richmond@ihs.gov) or [linda-squirrel@cherokee.org](mailto:linda-squirrel@cherokee.org)

***Submission Deadline for Speaker Information by e-mail, mail or fax:  
March 1<sup>st</sup>, 2011***

NNAEMSA • P.O. BOX 68 • PARK HILL, OK 74451  
Web site: [www.nnaemsa.com](http://www.nnaemsa.com) or [www.nnaemsa.org](http://www.nnaemsa.org)

# The National Native American EMS Association

## GENERAL SPEAKER INFORMATION

Must be completed for each presenter and co-presenter

Please print or type all information

Presenter's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name preference for faculty badge: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Position: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street city state zip

Work Address \_\_\_\_\_  
Street city state zip

Email address: \_\_\_\_\_

Contact Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Office Phone # C-Phone #

- Have you been a presenter at a previous NNAEMSA conference?  Yes  No
- Are you affiliated with a hospital, ambulance, fire/rescue, or training program providing services to Native Americans?  Yes  No

**List EMS related conferences at which you have been faculty (if not included in your CV or Resume):**

Conference Name & Sponsor	Date	Topic(s) Presented

**List of proposed topics for presentation:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Biographical Sketch** for use in conference brochure and/or speaker introductions. In approximately 100 words or less, include information most relevant to the participants. **MUST BE ATTACHED.**

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# **PRESENTATION INFORMATION**

**Complete a separate form for each session you propose to present**

Session Title: \_\_\_\_\_

Presenter: \_\_\_\_\_

Co-presenter(s): \_\_\_\_\_

**Check all applicable categories:**

- |                           |   |  |
|---------------------------|---|--|
| Type of Session:          | <input type="checkbox"/> Break out/multi-track session or         | <input type="checkbox"/> General Session                                       |
| Clinical Presentations:   | <input type="checkbox"/> BLS <input type="checkbox"/> ALS         | <input type="checkbox"/> Nursing/Medicine                                      |
| Service orientation:      | <input type="checkbox"/> EMS <input type="checkbox"/> Fire/Rescue | <input type="checkbox"/> Hospital/clinic                                       |
| Professional Development: | <input type="checkbox"/> Administrator/Supervisor                 | <input type="checkbox"/> Educator/Instructor/Coordinator                       |
| Other:                    | <input type="checkbox"/> Humorous (EMS/General)                   | <input type="checkbox"/> Research <input type="checkbox"/> Quality Improvement |

**Teaching method(s) to be used:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Lecture          | <input type="checkbox"/> Cognitive/Interactive | <input type="checkbox"/> Hands on/Interactive | <input type="checkbox"/> Demonstration |
| <input type="checkbox"/> Panel Discussion | <input type="checkbox"/> Q&A Format            | <input type="checkbox"/> Role Play            |  |

Other, specify: Lecture and PowerPoint

Usual length of session:     1 hour       1 ½ hours    other, specify: \_\_\_\_\_ hours

Number of Participants limited?     Yes     No      If yes, limited to \_\_\_\_\_ participants

Pre-registration required?  Yes     No    If yes, explain \_\_\_\_\_

**Audio Visual needs for this session:**

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> VCR and monitor      | <input type="checkbox"/> Microphone             | <input type="checkbox"/> Table  |
| <input type="checkbox"/> PowerPoint projector | <input type="checkbox"/> Flip chart and markers | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Screen               | <input type="checkbox"/> Other, specify _____   |                                 |

Will handouts accompany your presentation?  Yes     No

**Presentation Description and Objectives for use in obtaining CEU credits and for printing in the conference brochure: MUST BE ATTACHED.**

Please make information descriptive and compelling to the participant/reader. The NNAEMSA staff reserve the right to edit final descriptions. Describe the content and learning objectives of your presentation.