

Call for Presenters: Pediatric Feeding Symposium

You can use this form to apply for a future Pediatric Feeding Symposium September conference.

Persons with expertise in [Pediatric Feeding Disorder \(PFD\)](#) are encouraged to apply with topics pertinent to identification, diagnosis, treatment, collaboration, and research of PFD. Previous Pediatric Feeding Symposium topics [can be found here](#).

Our goal is to connect the pediatric feeding disorders community. Example of persons who may attend the conference:

- Therapists from all disciplines: SLP, OT, PT, feeding and special needs
- Dietitians and nutritionists
- Pediatric physicians & practitioners
- Psychologists
- Early Interventionists
- Professors, teachers, instructors & school administrators
- Caregivers: parents, family members, childcare providers
- Students of any of the professional fields listed
- Representatives from companies that sell related products

There will be virtual and in-person viewing options. Speakers are requested to speak live.

As this conference was founded and is funded by parents of a child with special needs that are trying to connect and educate our community, as well as run by a small volunteer committee, and does not make much of a profit, we do not offer honoraria to speakers. In lieu of an honorarium, all presenters will receive complimentary conference registration and meals.

Deadline for completing the Call for Presenters: End of February for current year's conference.

Yellow represents information you will provide us.

Presenter Information

I am interested in presenting at the following conference:

☐ **A Future September Conference**

Full Name with Title/Degree/Credentials:

Home or Business Address (Street/City/State/Zip)

Best Phone Number to Reach You:

Present Position (Employer, Title and Description):

Brief biographical sketch: Describe your expertise related to your role in the educational activity:

Please email CV or Resume to pedfeedinfo@gmail.com

☐ I emailed it to you now.

☐ I will email it to you.

Please email headshot of yourself to pedfeedinfo@gmail.com

☐ I emailed it to you now.

☐ I will email it to you.

Proposed Presentation Information

Presentation Title:

Presentation Length:

☐ 60 Minutes

☐ 90 Minutes

Please provide an abstract (up to 50 words) for the conference program. (If selected, this information WILL be published):

You may provide additional information regarding your presentation for the committee to be aware of. (This information will not be published.):

Instructional Level Coding Information

☐ Beginner (B) (0-5 years) — Assumes the participant has little or no knowledge within the area covered. The focus of the activity is on general orientation and increased awareness of the participant.

☐ Intermediate (I) (5-10 years) — Assumes that the participant has a general familiarity with the literature and professional practice within the area covered. The focus of the activity is on increased understanding and application by the participant.

- ☐ Advanced (A) (10+ years) — Assumes thorough familiarity with current literature and professional practice within the area covered. The focus is upon recent advances, future directions, and research applications.

Citations

Please add at least 3 citations that provide the foundation for your presentation or evidence of the topic you will be presenting on.

Citation #1

Citation #2

Citation #3

Additional Citations (not required)

Learner Objectives

Continuing education provider guidelines (e.g., ASHA, RD, AOTA, etc.) require that you state learning objectives: "The participant will be able to ..."

Please incorporate easy to measure action verbs such as perform, identify, or list, define, describe, explain, summarize, differentiate, specify, compare, and contrast. *Do not include* verbs that are difficult to measure such as understand, become familiar with, learn, or appreciate.

Please refer to Bloom's Taxonomy for support for your verb selection when writing the objectives:

<https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/>

Learner Objective #1

Learner Objective #2

Learner Objective #3

Agreements

By submitting a proposal for the Pediatric Feeding Symposium, I explicitly agree that:

The individuals submitting and included in this proposal will be present in Salt Lake City during the time and date assigned to the presentation at the Pediatric Feeding Symposium.

The individuals submitting and included in this proposal are responsible for notifying the Symposium Committee if there are any changes in his/her contact information.

The individual submitting and signing this proposal agrees to receive all conference correspondence and accepts responsibility for conveying conference-related information to co-presenters.

The individuals submitting and included in this proposal affirm that they have followed ethical guidelines in regard to:

1. Appropriate "Releases of Confidential Information" were obtained for all client materials that will be used or recorded as part of this presentation. The responsibility for protecting client confidentiality rests with the presenter(s).
2. Appropriate research procedures concerning protection of human subjects and confidentiality were utilized in any research-based presentations.
3. Written permission from copyright holders for the use of any previously published material in your presentation or handouts was obtained.
4. Appropriate evidence to support any claims related to efficacy, validity, or reliability of approaches to assessment or treatment will be provided.

The individuals submitting and included in this proposal will disclose to the Symposium Committee any financial or non-financial relationship that creates a conflict of interest or the appearance of a conflict of interest, as defined in the Disclosures for our continuing education presenters concerning transparency and disclosure by answering the disclosure questions.

Furthermore individuals submitting this proposal:

1. Agree that they will be responsible for ensuring that each presenter completes the disclosure questions.
2. Agree to inform the Symposium Committee if a disclosable interest related to the content of this presentation develops or is acquired at any time before the event is over.
3. Will disclose relevant financial and non-financial relationships on site in formats specified by the Symposium Committee.
4. Agree to refrain from attempting to persuade attendees to purchase or use a specific product.

The individuals submitting and included in this proposal will refrain from overt statements or pointed humor that disparages the rightful dignity and social equity of any person or group.

Permission is given to the Symposium Committee to take photographs to publish them at RAG Books/The Pediatric Feeding Community at their discretion in any format.

Permission is given to record presentation to be viewed by Symposium Attendees at a later date.

Prior approval will be obtained from the Symposium Committee to distribute surveys or collect data at the event.

Accepted presenters will be required to email their presentation slides to pedfeedinfo@gmail.com **3 weeks prior to the conference**, as well as bring a flash drive with the presentation to the conference.

Approval of presentation does not imply the Feeding Symposium or RAG Books, LLC endorsement of course content, specific products, or clinical procedures.

I have read the above agreements and agree:

☐ Yes

☐ No

Acceptance and Rejection Notifications

I understand that I will not be financially compensated

☐ Yes

☐ No

I understand that I will be contacted via email from pedfeedinfo@gmail.com regarding the acceptance or rejection of this proposal.

☐ Yes

☐ No

Additional Comments or Questions:

Additional Presenter Information

If there will be others presenting with you, please provide their information here

I will have additional presenters presenting with me:

☐ Yes

☐ No

Second Presenter Name / Degrees / Credentials:

Second Presenter Email Address

Second Presenter Home or Business Address

Second Presenter Work Information (Employer, Title and Description)

Second Presenter Brief biographical sketch: Describe their expertise related to your role in the educational activity:

Third Presenter Name / Degrees / Credentials:

Third Presenter Email Address

Third Presenter Home or Business Address

Third Presenter Phone Number

Third Presenter Work Information (Employer, Title and Description)

Third Presenter Brief biographical sketch: Describe their expertise related to your role in the educational activity:

Please email CV or Resume of additional presenters to pedfeedinfo@gmail.com

☐ I emailed it to you now.

☐ I will email it to you.

Please email headshot pictures of additional presenters to pedfeedinfo@gmail.com

☐ I emailed it to you now.

☐ I will email it to you.

Do you have more presenters?

If you have more presenters, we will be in touch for their information.

☐ Yes

☐ No

Disclosure Requirement

You are required to complete a disclosure form with any relevant financial or nonfinancial relationships that may influence the content of your course.

Please complete this disclosure form and email it back to us:

<https://pedfeed.org/wp-content/uploads/2024/11/Disclosure-Form.pdf>

End of Application