



American Correctional Association CALL FOR PROPOSALS

The American Correctional Association is excitedly preparing for its 2025 Winter Conference. The Congress will be held in Orlando, Florida, and will occur Friday, January 10th through Tuesday, January 14th, 2025.

ACA has a rich history of providing quality, professional development opportunities for its membership. Corrections professionals and practitioners are invited to contribute to the professional development of ACA's members by sharing their expertise with ACA's national and international conference attendees.

We are seeking:

- **Workshops** that examine contemporary issues relevant to correctional staff and/or the corrections field.
- **Presenters** that present practical and evidence-based information that exhibits relevance to cross sections in the corrections field.
- **Diverse presentations** that are engaging, credible, and reflect proven success in the corrections field generally or to a specific subset of the corrections community (juveniles, community corrections, prisons, jails).

Submission Deadline: Monday, September 30, 2024

For questions, contact ACA:

Office of Professional Development & Engagement

education@aca.org

(703) 224-0000 Option 6

Submission Instructions

Please submit your outline by either attaching it to this PDF document or through email.

To attach a document to a PDF, click on the expanding arrow on the left side of the document if it is not already expanded. Click on the paperclip icon. From there, you can drag and drop the document you wish to attach.

To email your document, please attach it to an email with the subject line "Workshop outline submission" and send to education@aca.org

SUBMISSION REQUIREMENTS:

Please follow the instructions below and complete the current proposal application: (visit www.aca.org > Conferences > Workshops and Training > Submit a workshop Proposal).

Workshop proposals must be submitted to ACA's Office of Professional Development at education@aca.org by **Monday, September 30th, 2024**, for review and approval.

Submissions MUST include:

- **Fully completed workshop proposal application to include:**

- **Workshop Title**
- **Workshop Abstract**
- **3-4 Learning Objectives**
- **1 Primary Point of Contact** (for workshop-related communication with ACA regarding the workshop submission)
- **2-3 Presenters**
*Each presenter must be an ACA member **and** a resume, bio, and disclosure form for each presenter must be submitted with the application.*
 - ❖ A primary presenter must be designated.
 - ❖ A **MINIMUM OF 2** presenters is required.
 - ❖ A **MAXIMUM OF 3** presenters is permitted.
 - ❖ One speaker **MUST** be an active practitioner in the field.

ACA reserves the right to permit single presenters. Single presenters are a rare opportunity and may be considered by ACA on a case-by-case basis.)

- **Membership Numbers for each presenter**
(All presenters must be current ACA members)
- **Resume, Bio, and Disclosure Form for each presenter.**

Bio Format:

- Name, State; Current Title; Place of Employment
- Brief synopsis of employment history, educational background, and other professional affiliations or awards
- Prior service on ACA committees
- Additional brief comments, and a synopsis of qualifications as it pertains to serving as a presenter.

NOTE: For review and approval, all submissions **MUST** include the requested information.

Failure to submit a completed application packet (including resumes, bios, disclosure forms for presenters) will result in a delay of review and approval.

Upon workshop approval, all important deadline dates and submission resources (including PowerPoint/Workshop Outline presentation deadlines and the ACA PowerPoint template) will be provided. **Note:** If a PowerPoint will not be used, then a complete Workshop Outline must be submitted for review and approval.



American Correctional Association
WORKSHOP PROPOSAL APPLICATION
 Submission Deadline: Monday, September 30, 2024

WORKSHOP TITLE <i>(Limited to 150 characters. DO NOT use abbreviations.)</i>	
PRIMARY COMMUNITY OF FOCUS <i>Identify the primary correctional setting for which the workshop is focused. Select one.</i>	
<input type="checkbox"/> Adult Corrections	<input type="checkbox"/> Juvenile
<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Prisons
<input type="checkbox"/> Jails	<input type="checkbox"/> Prisons & Jails
ABSTRACT <i>(Limited to 750 characters, including spaces. Do not use abbreviations.)</i> <i>Describe the purpose and general overview of the workshop. Summarize the major points of your presentation and describe how the topic will advance either the practice/professional development of the participant or the field of correction.</i>	
LEARNING OBJECTIVES <i>(Identify the 3 primary objectives of your workshop presentation. Be specific and thoroughly complete the statement.)</i>	
1.	
2.	
3.	

REFERENCES

(A minimum of 2 references is required. The topic must demonstrate consistency with available literature and evidence. References to literature should be formatted using APA style. All references to journal articles should include the DOI (digital object identifier)).

#1:

#2:

#3:

PRIMARY POINT OF CONTACT

(Identity the individual ACA should contact for questions regarding this proposal submission.)

Name:

Agency/Employer:

City & State:

Email Address:

Daytime Telephone Number:

WOKSHOP PRESENTERS

Provide the information as desired for it to appear in conference-related materials and publications.

Presenters will be listed in materials and publications in the order listed.

*Each presenter must be an ACA member **and** a resume, bio, and disclosure form for each presenter must be submitted with the application.*

- ❖ Designate one presenter as the primary presenter
- ❖ A **MINIMUM OF 2** presenters is required.
- ❖ A **MAXIMUM OF 3** presenters is permitted.

One speaker **MUST** be a practitioner in the field.

PRIMARY PRESENTER

The **ONLY** person to whom ACA will send subsequent communication regarding acceptance of the proposal and onsite logistics.

Name:

Title:

Agency/Employer:

City & State:

ACA Member ID #:

Email Address:

Daytime Telephone Number:

PRESENTER 2

Name:

Title:

Agency/Employer:

City & State:

ACA Member ID #:

Email Address:

Daytime Telephone Number:

PRESENTER 3

Name:

Title:

Agency/Employer:

City & State:

ACA Member ID #:

Email Address:

Daytime Telephone Number:

PREFERRED ACCOMMODATIONS

Presentation Day

ACA attempts to schedule workshops in accordance with the conference schedule’s space availability and the presenters’ availability. Please identify the conference day(s) your team can commit to being available to present **AND** please indicate if your application is for a standard workshop, symposium session, or both.

Friday Saturday Sunday Monday Tuesday | Workshop Symposium Both

Audiovisual Needs

Each presentation room will be preset with the following equipment:

- 1-Laptop with Microsoft Office, audio, and audio amplified to audience
- 1-Handheld wireless podium microphone
- 1-Wired floor microphone
- 1-Wired head table microphone
- 1-LCD projector and screen

Identify any additional equipment needs below.

Additional Equipment:

Additional Requests

ACA will do its best to accommodate special requests, including for room setups. However, the ability to do so is very limited and not guaranteed. Please specify any special requests below.

Special Request:

Please review the following, and provide your signature to acknowledge your agreement and acceptance of the following guidelines for workshop presentations:

CHANGES

Once a proposal is accepted as a session, all changes to the proposal must be submitted by set deadlines.

SCHEDULE

ACA reserves the right to assign the day and time that accepted proposals will be scheduled.

STATUS UPDATES

Status updates will be sent by e-mail regarding acceptance of proposals to the primary presenter. Invitations to present not acknowledged by the due date will result in a session being dropped from the conference itinerary.

REGISTRATION

All speakers whose proposals are accepted for presentation must register for the conference at least 60 days ahead of the first day of conference. ACA does not cover the costs associated with membership, registration, and attendance for the conference.

RIGHT TO PUBLISH

ACA reserves the right to publish any submission, in whole or in part, in any form by any printed, visual, electronic, or auditory means.

By checking this box, I give ACA, American Correctional Association, permission to upload all the audio/visual functions that will be used during the workshop. This information will be streamed to ACA's virtual platform and displayed on ACA's social networking pages and website.

PROMOTION IS STRICTLY PROHIBITED

The exclusive promotion or sale of goods, services, or products during educational sessions at conferences is prohibited. Speakers who are found to be engaging in such practices will have their sessions halted.

RECORDING IS STRICTLY PROHIBITED

Video and audio recording of any kind with any device is prohibited, except as being done by authorized ACA employees.

I, along with my team of presenters, have read and understand the ACA guidelines for workshop presentation. My signature below indicates our acceptance of the guidelines and commitment to adhere to the guidelines upon acceptance of the workshop proposal.

PRINTED NAME

DATE

SIGNATURE



SPEAKER DISCLOSURE OF RELATIONSHIPS

Identifying and Resolving Conflicts of Interest in Continuing Medical Education

The ACCME requires that any person in a position to influence or control the content of a CME activity must disclose all relevant financial relationships with ineligible companies or commercial interests. All Conflicts of Interest must be identified and resolved prior to the CME activity. Please submit before the activity for review and to allow for resolution of conflict of interest. Refusal to disclose relationships per policy prohibits participation as a speaker in a CME activity.

Activity Title: American Correctional Association Winter Conference

Activity Date: January 10-14, 2025

Name:

Presentation Title:

Ineligible Companies: Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial Interest: Any proprietary entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, with the exception of non-profit, government organizations and non-health care related companies.

Relevant Relationship: A financial relationship is "relevant" if it pertains to the activity's content matter including any related health care products or services to be discussed or presented. If a conflict of interest exists it must be resolved. Relevant financial relationships or the lack of such relationships will be disclosed to learners prior to the beginning of the educational activity.

Please indicate your role in activity: <i>(Check all that apply)</i>	<input type="checkbox"/> Presenter	<input type="checkbox"/> Planner	<input type="checkbox"/> Course Director	<input type="checkbox"/> Moderator
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1. In the past 24 months have you or an immediate family member had any financial relationships with an ineligible company or commercial interest that have a direct bearing on the subject matter of the CME activity?

Yes (if yes, please complete table below) No

Type of Affiliation/ Financial Interest	Name(s) of Ineligible Company(s) and/or Commercial Interest(s)	Relationship (check one)	
		Active	Terminated
Advisory Board or Panel		<input type="checkbox"/>	<input type="checkbox"/>
Consultant		<input type="checkbox"/>	<input type="checkbox"/>
Grants/Research Support		<input type="checkbox"/>	<input type="checkbox"/>
Other Financial or Material Support (royalties, patents, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Salary, Contractual Services		<input type="checkbox"/>	<input type="checkbox"/>
Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
Stock/Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>

2. If you have relevant relationships, do you feel you are able to present the content of the CME activity in a fair and unbiased manner? **(Faculty /Author only)** Yes No

3. I attest that I am **not** receiving direct payments from an ineligible company or commercial interest with respect to this activity. Yes No

Content Validation:

My recommendations involving clinical medicine in this CME activity will be: 1) based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients; 2) all scientific research referred to, reported or used in CME in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

If requested, I will submit my presentation for review at least 10 days prior to the CME activity.

Signature: _____ **Date:**

By checking this box and typing my name and date in the signature line above, I am providing my electronic signature approving all the information entered above.