**Session Details**

**Proposed Session Title\****(Please keep brief. Containing no abbreviations.)* ***15 words maximum***

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**Session Format\* -** How will this session be presented?

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| --- | --- | --- | --- | --- | --- |
|  | Lecture |  | Demo |  | Debate |
|  | Panel Discussion |  | Interview/Fireside Chat |  | Case Study |
|  | Storytelling |  | Roundtable |  | Other |

**Session Track\*-** Select the most appropriate track for your session.

|  |  |
| --- | --- |
|  | Aging, Long-Term Care & Cognitive Health |
|  | Behavioral and Mental Health |
|  | Culinary Trends, Foodservice Innovation & School Nutrition |
|  | Eating Disorders & Disordered Eating |
|  | Education, Preceptorship & Workforce Development |
|  | Gut Health, GI Disorders & the Microbiome |
|  | Leadership & Professional Growth |
|  | Media, Marketing & Communications |
|  | Meical Nutrition Therapy |
|  | Obesity, Weight Management & GLP-1’s |
|  | Pediatrics & Adolescent & Maternal Health |
|  | Policy and Advocacy |
|  | Public Health & Community Nutrition |
|  | Sports, Fitness & Performance |
|  | Technology & Artificial Intelligence |

**Session Duration\***

|  |  |
| --- | --- |
|  | 60 minutes  90 minutes |
|  |

**CPE Level\***

|  |  |
| --- | --- |
|  | Level 1 (basic knowledge/experience) |
|  | Level 2 (intermediate knowledge/experience) |
|  | Level 3 (advanced knowledge/experience) |

**Primary Target Audience\***

|  |  |
| --- | --- |
|  | Student/intern |
|  | Practitioner (1-5 years) |
|  | Practitioner (6-14 years) |
|  | Practitioner (15+ years) |
|  | Retired |

**Session Description\***

*Explain the session content and rationale for presentation to conference attendees. This statement may be used in supportive promotional materials for the session and should be reflective of the stated objectives.* ***200 words maximum***

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**Session format**

Use the space provided to include a brief description of the format style. If choosing a lecture, please consult the Sessions and Workshop Guide and consider adding session enhancement to increase audience engagement.

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**References\***

Submit 1-3 recent, relevant references for established or emerging science topics. For experiential topics, describe what outcomes will be presented and source of evidence (e.g., unpublished quality improvement project at workplace). Please include links to resources when possible. ***300 words maximum***

|  |
| --- |
| (1) |
| (2) |
| (3) |

**Learning Objectives\***

Provide learning objectives that are **clear, measurable, and achievable** and describe the **outcomes or impact** resulting from the presentation. All objectives should complete the following statement: “After this presentation, the attendee will be able to…”. Use action verbs to begin each learning objective such as list, describe, define, demonstrate, conduct, etc. ***25 words maximum***

*e.g. Describe how changes in the aging gut impact digestion and absorption, and utilize this knowledge to plan effective nutrition strategies.*

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| (1) |
| (2) |
| (3) |

**Additional Session Details**

**Is this proposal being submitted as a DPG/MIG spotlight or in conjunction with a specific committee, professional association or organization?\*** *(All DPG/MIG submissions must be approved by the Chair)*

|  |  |
| --- | --- |
|  | No |
|  | Yes |

**If yes, provide the name of the group or organization.**

|  |
| --- |
|  |

**Is there a day which a speaker cannot present?\*** While we will do our best to accommodate all requests, sessions are scheduled based on programming needs.

|  |  |
| --- | --- |
|  | October 25, 2026 |
|  | October 26, 2026 |
|  | October 27, 2026 |
|  | No conflict |

**If your proposal is declined, do you wish to be considered for a webinar? \***This question is not considered in the review process.

|  |  |
| --- | --- |
|  | No |
|  | Yes |

**Practice Competencies**\*: Please include three practice competencies for your session. For more detail on practice competencies, you may review the [Commission on Dietetic Registration’s Essential Practice Competencies guide](https://www.cdrnet.org/vault/2459/web/CDR_EP%20Competencies_2025.2030_FINAL.pdf).

|  |
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| (1) |
| (2) |
| (3) |

**Session Participants**

**Program Planner\***

*The program planner is administratively responsible for the session. All fields are required.*

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Credentials** |  |
| **Academy Member** | **(Yes/No) -** *(\*If yes, please provide member number)* |
| **Employer** |  |
| **Title** |  |
| **Phone** |  |
| **Email Address** |  |

**Program Planner– CV\***

*This will be uploaded as an attachment in the web portal. This must be a 1 MB .PDF/.doc/.docx format*

**Program Planner- Bio\***

*Please keep succinct. This will be published to the website and mobile app if the proposal is accepted for presentation at FNCE®.* ***200 words maximum***

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**Moderator\***

*The moderator is responsible for on-site moderation of the session, ensuring timeliness while maintaining the flow of the session, and conducting a question and answer period at the end of the presentation. The moderator cannot also be a session speaker****.*** *All fields are required.*

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Credentials** |  |
| **Academy Member** | *Please provide member number – membership required for all moderators* |
| **Employer** |  |
| **Position/Title** |  |
| **Email Address** |  |
| **Phone** |  |

**Moderator – CV\***

*This will be uploaded as an attachment in the web portal. This must be a 1 MB .PDF/.doc/.docx format*

**Moderator- Bio\***

*Please keep succinct. This will be published to the website and mobile app if the proposal is accepted for presentation at FNCE®.* ***200 words maximum***

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**Speaker #1\***

*This Speaker will be the first Speaker in the session. All fields on this form are required.*

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Credentials** |  |
| **Academy Member** | **(Yes/No) -** *(\*If yes, please provide member number)* |
| **Employer** |  |
| **Position/Title** |  |
| **Address** | *Address, city, state, zip* |
| **Email Address** |  |
| **Phone** |  |

**Have you presented at FNCE® in the last two years?**

|  |  |
| --- | --- |
|  | No |
|  | Yes |

**If yes, when?**

|  |
| --- |
|  |

**Speaker #1 – CV\***

*This will be uploaded as an attachment in the web portal. This must be a 1 MB .PDF/.doc/.docx format*

**Speaker #1- Bio\***

*Please keep succinct. This will be published to the website and mobile app if the proposal is accepted for presentation at FNCE®.* ***200 words maximum***

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|  |

**Optional: Professional Social Media Networks and Past Speaking Videos**

*Speakers can include professional social media profiles and/or short video clips of a previous speaking engagement.*

**Speaker #2\***

*This Speaker will be the second Speaker in the session. All fields on this form are required.*

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Credentials** |  |
| **Academy Member** | **(Yes/No) –** *(\*If yes, please provide member number)* |
| **Employer** |  |
| **Position/Title** |  |
| **Home Address** | *Address, city, state, zip* |
| **Email Address** |  |
| **Phone Number** |  |

**Have you presented at FNCE® in the last two years? \***

|  |  |
| --- | --- |
|  | No |
|  | Yes |

**If yes, when?**

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**Speaker #2 – CV\***

*This will be uploaded as an attachment in the web portal. This must be a 1 MB .PDF/.doc/.docx format*

**Speaker #2- Bio\***

*Please keep succinct. This will be published to the website and mobile app if the proposal is accepted for presentation at FNCE®.* ***200 words maximum***

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**Optional: Professional Social Media Networks and Past Speaking Videos**

*Speakers can include professional social media profiles and/or short video clips of a previous speaking engagement.*

**Speaker #3\* (if applicable)**

*This Speaker will be the third Speaker in the session. All fields on this form are required.*

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Credentials** |  |
| **Academy Member** | **(Yes/No) –** *(\*If yes, please provide member number)* |
| **Employer** |  |
| **Position/Title** |  |
| **Home Address** | *Address, city, state, zip* |
| **Email Address** |  |
| **Phone Number** |  |

**Have you presented at FNCE® in the last two years? \***

|  |  |
| --- | --- |
|  | No |
|  | Yes |

**If yes, when?**

|  |
| --- |
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**Speaker #3 – CV\***

*This will be uploaded as an attachment in the web portal. This must be a 1 MB .PDF/.doc/.docx format*

**Speaker #3- Bio\***

*Please keep succinct. This will be published to the website and mobile app if the proposal is accepted for presentation at FNCE®.* ***200 words maximum***

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**Optional: Professional Social Media Networks and Past Speaking Videos**

*Speakers can include professional social media profiles and/or short video clips of a previous speaking engagement.*

**Speaker Outlines**\*

Briefly describe each speaker’s presentation: key points, teaching methods, parallels to the session’s learning objectives, and any unique audiovisual or equipment requirements. Highlight new and/or significant contributions, and/or cutting-edge information to the profession. **A separate outline for each speaker, with individualized talking points, is required.**

**Speaker #1 – Presentation Outline\***

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|  |

**Speaker #2 – Presentation Outline****\*(must be different from Speaker #1)**

|  |
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|  |

**Speaker #3 – Presentation Outline\* (if applicable, must be different from Speaker #1 and #2)**

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**CDR CPE Prior Approval Policies\***

As of April 1, 2024, the new CDR CPEU Prior Approval Policies have been enforced by CDR. These updated policies impact the content permissible in presentations. Below, you’ll find key highlights from these revised policies.

* CPE may contain informational content but must not contain promotional content.
* CDR defines informational content as that which raises awareness through education. Informational content is based on best available research evidence, which is supported by documentation from reputable, peer-reviewed scientific research.
* CDR defines promotional content as that which advertises an organization, product, or service, and is used to influence purchasing decisions. We highly encourage you to read section 7.0 in the Provider Policy Manual to familiarize yourself with these new policies.
* All FNCE® sessions are recorded and made available for viewing/purchase 3-4 weeks post-FNCE®. Per new CDR Prior Approval Guidelines, session recordings are required to be accompanied by five multiple choice quiz questions relating back to the objectives of the session in order to provide CPE.

|  |  |
| --- | --- |
|  | I acknowledge and am aware of these new policies. |

**Roles, Responsibilities, and Benefits**

I have read and communicated expectations regarding roles and responsibilities, including benefits and honorarium, to all parties involved in this proposal. I understand that benefits are non-transferable. Additionally, I confirm that this information will not be presented prior to FNCE® 2026.

|  |  |
| --- | --- |
|  | I have read and agree to the above terms and conditions. |

**I verify that this information will not be presented prior to FNCE® 2026.\***

|  |  |
| --- | --- |
|  | I agree  I disagree |

**Disclosures\***

Each author is required to submit a Conflict-of-Interest Disclosure. Each other can enter the portal to fill out this section.

You can access each author's form by clicking on the name(s) below.

In addition, the envelope icon next to each name will create an automatic email to that speaker inviting them to complete the form.

1. **In the past 12 months, have you (or an immediate family member) had a financial relationship with a commercial organization that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients? This includes, but is not limited to, pharmaceutical companies, medical device manufacturers, supplement companies, food and beverage manufacturers, or other entities that could influence clinical practice or research. If so, click the 'Add a financial relationship' link below.**

|  |  |
| --- | --- |
|  | I have no real or apparent conflicts of interest to disclose. |
|  | I or my spouse/partner) do have potential conflicts of interest to  disclose. |

1. **Financial Relationships (add a financial relationship if applicable)**

Company Name

Individual(s) Involved

|  |  |
| --- | --- |
|  | Self |
|  | Spouse/Partner |
|  | Both myself and my spouse/partner |

Type of Financial Relationship *(check all that apply)*

|  |  |
| --- | --- |
|  | Grant/Research Support |
|  | Advisory Board |
|  | Consultant |
|  | Stock Shareholder (excluding mutual funds) |
|  | Honorarium |
|  | Other Financial or Material Support |
|  | Other Research Support |
|  | Other: Please describe |

1. **Presentation Bias**

If you reported relationship(s) above with a commercial organization that produces health care products or services. Does the educational content (over which you have control) involve the products or services of the commercial organization? \*

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | N/A |

1. **Attestation**

I certify that the information I have provided is complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions.

Sign Name

By signing this box with my electronic signature, I attest that all information above is true and correct. \*