**Workshop Details**

**Proposed Workshop Title\****(Please keep brief. No abbreviations.)* ***15 words maximum***

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**Workshop Track\*-** Select the most appropriate track for your workshop.

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| --- | --- |
|  | Behavioral and Mental Health  |
|  | Business and Management |
|  | Culinary Nutrition  |
|  | Emerging Trends |
|  | Food Systems Development and Sustainability  |
|  | Medical Nutrition Therapy  |
|  | Media and Communications |
|  | Nutrition in Higher Education  |
|  | Nutrition through the Lifecycle |
|  | Professional Standards and Advocacy |
|  | Public Health |
|  | Sports, Fitness and Performance |
|  | Students and New Professionals |
|  | Technology Impacting Practice |

**Workshop CPE Level\*:** *Identify the CPE Level. The review process favors advanced-level (Level 2 or 3) submissions.*

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| --- | --- |
|  | Level 1 (basic, requires no prior knowledge/experience) |
|  | Level 2 (intermediate, requires some prior knowledge/experience) |
|  | Level 3 (advanced, require an expert level of knowledge/expertise) |

**Workshop Duration\***

|  |  |
| --- | --- |
|  | 2 hours3 hours  |
|  |

**I verify that this information will not be presented prior to FNCE® 2024.\***

|  |  |
| --- | --- |
|  | I agreeI disagree  |
|  |

**Workshop Description\***

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

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**Workshop Format\* -** Use the space provided to include a brief description of the format style. (e.g. hands-on exercises, roundtable discussions, etc.)

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**Workshop Capacity\*** FNCE® workshop rooms have a capacity range of 30-250 attendees. Please specify the maximum number of attendees that can be accommodated, based on the number of facilitators proposed.

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**References\***

Submit 1-3 recent, relevant references to support the content of the workshop. 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 workshop. All objectives should complete the following statement: “After this workshop, the attendee will be able to…”. Use action verbs to begin each learning objective such as apply, demonstrate, conduct, implement, perform, etc. ***25 words maximum***

*e.g. Utilize hands-on experience to proficiently demonstrate the proper techniques for inserting, securing, and maintaining different types of enteral feeding tubes on simulated models or mannequins.*

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

**Additional Workshop 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.**

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**Does anyone involved in this workshop have a financial or professional relationship (e.g., board member, consultant, etc.) with a commercial organization related to the content of the proposal?**

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

**If yes, please explain.**

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

|  |  |
| --- | --- |
|  | October 5, 2024 |
|  | October 6, 2024 |
|  | October 7, 2024 |
|  | October 8, 2024 |
|  | No conflict |

**Practice Competencies**\*: Please include three practice competencies for your workshop. For more detail on practice competencies, you may review the [Commission on Dietetic Registration’s Essential Practice Competencies guide](https://admin.cdrnet.org/vault/2459/web/files/FINAL-CDR_Competency.pdf).

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

**Workshop Participants**

**Lead Facilitator\***

*The Lead Facilitator is administratively responsible for the workshop. All fields are required.*

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

**Lead Facilitator – CV\***

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

**Lead Facilitator - 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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**Lead Facilitator #2\*** **(if applicable)**

*The Lead Facilitator is administratively responsible for the workshop. All fields on this form are required.*

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

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

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

**If yes, when?**

|  |
| --- |
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**Lead Facilitator #2– CV\***

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

**Lead Facilitator #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.*

**Co-Facilitator #1\*(if applicable)**

*This person will aid lead facilitator(s) throughout the workshop. All fields on this form are required.*

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

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

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

**If yes, when?**

|  |
| --- |
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**Co-Facilitator #1– CV\***

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

**Co-Facilitator #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.*

**Co-Facilitator #2\* (if applicable)**

*This person will aid lead facilitator(s) throughout the workshop. All fields on this form are required.*

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

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

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

**If yes, when?**

|  |
| --- |
|  |

**Co-Facilitator #2 – CV\***

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

**Co-Facilitator #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.*

**Facilitator Outlines**\*

Briefly describe each facilitator’s presentation: key points, teaching methods, parallels to the workshop’s learning objectives, and any unique audiovisual or equipment requirements. A separate outline for each facilitator, with individualized talking points, is required. Outlines for co-facilitators are not required.

**Lead Facilitator – Presentation Outline\***

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**Lead Facilitator #2– Presentation Outline\*(if applicable)**

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