Abstract Submission Instructions
All items with a red asterisk are required *

2016 Ninth National DNP Conference Abstract Submission
Transforming Healthcare Through Collaboration
October 5-7, 2016 at the Baltimore Marriott Inner Harbor at Camden Yards, Baltimore, MD

Conference Objectives:
1. Discuss the impact of collaborative partnerships involving the DNP prepared nurse with intra and interprofessional colleagues to transform healthcare.
2. Identify methods to maximize professional organization partnerships that improve healthcare outcomes.
3. Explore the cultivation of partnerships between academia and practice.
4. Critically reflect on methods to utilize collaboration to maximize nursing productivity.

Your submitted abstract will be evaluated using these objectives for possible presentation.

Please acknowledge your intentions to attending this year's conference. If you do not plan to attend, please do not continue with this abstract submission process.

Yes, I will attend the conference but only if selected to present.
Yes, I will attend the conference regardless of the outcome of the selection process.
No, I do not plan to attend this conference (If you select No - please do not continue the submission process.)

Select the Track that best reflects the content of your abstract submission: *
  - Doctoral prepared Clinical Practice
  - Doctoral prepared Informatics Practice
  - Doctoral prepared Administrative Practice
  - Doctoral prepared Policy Practice
  - Doctoral prepared Academic Practice

Please identify the type of presentation you anticipate for this year's national conference. *

1. Breakout session Podium Presentation (60 minute session)
2. Poster Presentation (electronic poster with a 10 minute verbal presentation)
3. Either Breakout Podium or Poster Presentation (you are open to either option)
4. Panel Discussion / Presentation (60 minute session, topic specific group presentation)
5. Pre-Conference Workshop (2 hour intensive)
6. Plenary Session Podium Presentation (60 minute session)
Author Information

Primary author contact information.
Please include full name and credentials. (Note: The primary presenter will be the only individual contacted by DNP, Inc.).
The primary author is the first listed for presentation (podium or poster) and must attend the conference. Please be sure that the person listed as primary will indeed present if the abstract is selected.
First Name: *
Middle Name or Initial:
Last Name: *
List credentials obtained at time of presentation *
Address: *
City: *
State: *
ZIP Code: *
Email Address: *
Phone Number: *

Primary author Biosketch (Information that may be included in the printed conference program) *
(100 word limit)

Primary author practice area: *
Academia
Administration
Clinical Practice
Informatics
Leadership
Policy

Add a second Author? *
Yes
No

Abstract Information

Full title of potential presentation: *

State the purpose/goal of your potential presentation. Include how this presentation relates to the conference theme and objectives.*

Please use verbs that reflect measurable behavioral objectives, such as: Define, Identify, Indicate, List, Name, Recognize, Select, State, etc.
Your Presentation's Objective #1:
"By the end of this presentation the participant will be able to _____." *

Identify the content within the abstract that directly relates to, and/or demonstrates the first objective. *

Your Presentation's Objective #2:
"By the end of this presentation the participant will be able to _____." *

Identify the content within the abstract that directly relates to, and/or demonstrates the second objective. *

Your Presentation's Objective #3:
"By the end of this presentation the participant will be able to _____." *

Identify the content within the abstract that directly relates to, and/or demonstrates the third objective.

Abstract of your potential presentation (without any identifying information)
Copy and paste your abstract into this space. Avoid the inclusion of identifying information: *
(650 word limit)

Abstract references must be in APA format. *(Please note, margins and spacing may not appear ideal.)
Abstract References: *
(500 word limit)

If accepted, please indicate who will be physically presenting at this year's conference. *

- Primary author
- Primary and co-author
- Three or more authors

1. If the abstract is selected for presentation, the primary author must register and attend the entire conference.

2. Presentation times will be assigned and grouped by topic. By submitting your abstract you agree to present any of the three days of the conference.
3. Co-authors are encouraged to attend and participate, and may register at the presenter's discounted rate.

4. Download and complete the Biographical / Conflict of Interest (Bio/COI) form required for continuing education for up to 4 authors.
   * All highlighted areas must be addressed. Save the completed form to your computer's hard drive.
   * The completed document must be uploaded and submitted for review consideration.
   * **All authors listed in this abstract submission system must complete the Bio/COI form by the due date, even if they will not attend the conference.**

5. Acceptance to present is not confirmed until registration by the primary author for the full conference at the presenter rate and all Bio/COI forms have been received.

6. Please upload and complete the attached *(download available in the submission system)*

   **By submitting an abstract, you agree to present at this year’s national Doctors of Nursing Practice conference if selected.**

   Upload the completed biographical / conflict of interest form here for Author 1: *
   Upload the completed biographical / conflict of interest form here for Author 2:
   Upload the completed biographical / conflict of interest form here for Author 3:
   Upload the completed biographical / conflict of interest form here for Author 4: