**ASPEN26 Proposal Submission Template**

Use this document to gather the information needed to complete your proposal submission. When the document is complete, transfer your answers to the online proposal submission site.

**Submit Proposal:** <https://www.abstractscorecard.com/cfp/submit/login.asp?EventKey=COFRXLDM>

**Begin Proposal Submission**

1. Session Title:

Use AMA Title Case rules for capitalization (i.e., Nutrition Support in Adult Patients) - do not use all uppercase or lowercase letters. Maximum of 200 characters.

2. Submission Category:

**Breakout Session:** Challenges of, and evidence-based recommendations for the administration of nutrition support therapy, based on identified practice gaps, presented relative to specific disease states and actual case studies. May also feature didactic presentations offering advanced scientific and clinical information for all disciplines. Recommended number of speakers: 2-3. (90 minutes)

**Skills Lab Session:** Teaching demonstrations designed to improve clinicians’ skills relative to administering nutrition support to the patient. These sessions are informal and have several stations, and participants are free to attend each station at their leisure. (90 minutes)

**Roundtable Session:** A topic reflecting an identified practice gap, discussed informally with the aid of a knowledgeable facilitator. Attendees select the roundtables they wish to attend and actively participate in a small group discussion. Recommended number of speakers: 1-2. (25 minutes, repeated 3 times in a 90-minutes session)

**Pre-conference Course:** In-depth study of a particular subject, relevant to an identified practice gap, with time allocated for faculty/learner interaction. Scheduled for Saturday, February 14, 2026. Recommended number of speakers: 4-7. (4 hours)

**Task 1: Session Details**

1. Target Audience (select all that apply)

* Dietitian
* Nurse
* Pharmacist
* Physician
* Advanced Practice Provider (i.e., NP, PA)
* Researcher
* Patient / Consumer

2. Encore Presentation

Has this session been presented at another conference? (Yes/No)

3. Encore Presentation Details

If yes, enter name of conference and presentation date. Otherwise, enter N/A or Not Applicable.

4. Teaching Level (select one)

* Basic: Assumes little or no prior knowledge of areas covered; for individuals building a foundation for competent practice.
* Intermediate: Assumes general knowledge of literature and clinical practice; for individuals wishing to expand skills and knowledge base
* Advanced: Assumes thorough knowledge of literature and clinical practice; for individuals seeking a synthesis of recent advances and future directions

5. Teaching Methods (select all that apply)

* Case Presentations
* Debate
* Demonstration
* Game Format
* Laboratory Work / Station Rotation
* Lecture
* Roundtable Discussion
* Panel Discussion

6. Organization/ASPEN Section Affiliation

If the proposed session is submitted in conjunction with or on behalf of another organization or ASPEN specialty practice session, enter the organization or section name. Otherwise, enter N/A or Not Applicable.

7. Patient Population (select one)

* Adult
* Pediatric/Neonatal
* Adult and Pediatric/Neonatal

8. Primary Topic (select one)

* Advocacy and Patient Safety
* Career Development (Research, Mentorship, Teams, etc.)
* Critical Care
* Disease and Condition Specific (Obesity and Bariatrics, Oncology, Renal, Transplant, Trauma, etc.)
* Ethics
* Gastrointestinal and Intestinal Failure
* General Nutrition Topics
* Home Care
* Malnutrition (Screening, Assessment, and GLIM)
* Principles of Enteral Nutrition
* Principles of Parenteral Nutrition
* Teaching Methodology
* Technology and Artificial Intelligence
* Transitions of Care

9. Sub-Topic

Enter a sub-topic for this submission. If there is no sub-topic, enter N/A or Not Applicable.

10. Summary and Rationale: Background and Relevance

Describe the problem/challenge identified in this session and its importance to the members of the healthcare team involved in providing nutrition care.

11. Summary and Rationale: Methods or Approach

Describe the methodology for addressing the problem or challenge identified in this session.

12. Summary and Rationale: Results

Summarize the key findings to be presented in this session. Be as specific as possible.

13. Summary and Rationale: Conclusions and/or Implications

Describe the key take-home message(s) and larger implications for the problem or challenge identified in this session.

14. Summary and Rationale: References

Enter any reference materials (abstracts, papers, guidelines, etc.) relevant to this session.

15. Proposal Submitter Expertise and/or Experience

Describe your personal expertise and/or experience with this topic area.

**Task 2: Learning Objectives**

Provide three (3) learning objectives for breakout sessions, skills lab sessions, or preconference courses. Provide 1-2 learning objectives for roundtable sessions.

Begin each learning objective with an action word (list, describe, define, demonstrate, conduct, etc.).

For more information on how to effectively write learning objectives, click on the following links:

1. [Model for Writing Learning Objectives](https://aspen.nutritioncare.org/wp-content/uploads/2024/11/Model-of-Learning-Objectives.pdf)
2. [Learning Objectives Action Verbs](https://aspen.nutritioncare.org/wp-content/uploads/2024/11/Learning-Objectives-Action-Verbs.pdf)

After attending this session, members of the healthcare team will be able to…

Learning Objective 1:

*Required for all*

Learning Objective 2:

*Required for breakout, skills lab, preconference course. Not required for roundtable.*

Learning Objective 3:

*Required for breakout, skills lab, preconference course. Not required for roundtable.*

**Task 3: People**

Enter the following information for each person associated with this proposal (proposal submitter, moderators, and speakers). Individuals can have multiple roles. Be sure to select all applicable roles when adding people to session.

You must add at least one person with the Moderator role. To override this requirement for roundtable sessions, add roundtable presenters with the role of both Speaker and Moderator.

Proposal Submitters are added automatically as the first person.

|  |  |
| --- | --- |
| **Person #1 (Proposal Submitter)** | |
| First and Last Name |  |
| Email |  |
| Role\* |  |
| Prefix |  |
| City and State |  |
| Country |  |
| Position/Title |  |
| Organization/Company |  |
| Credentials |  |

*\* Proposal Submitter, Moderator, Speaker – Select ALL applicable roles for this person.*

|  |  |
| --- | --- |
| **Person #2 (Moderator)** | |
| First and Last Name |  |
| Email |  |
| Role\* |  |
| Prefix |  |
| City and State |  |
| Country |  |
| Position/Title |  |
| Organization/Company |  |
| Credentials |  |

*\* Moderator, Speaker – Select ALL applicable roles for this person.*

|  |  |
| --- | --- |
| **Person #3** | |
| First and Last Name |  |
| Email |  |
| Role\* |  |
| Prefix |  |
| City and State |  |
| Country |  |
| Position/Title |  |
| Organization/Company |  |
| Credentials |  |

*\* Moderator, Speaker – Select ALL applicable roles for this person*

|  |  |
| --- | --- |
| **Person #4** | |
| First and Last Name |  |
| Email |  |
| Role\* |  |
| Prefix |  |
| City and State |  |
| Country |  |
| Position/Title |  |
| Organization/Company |  |
| Credentials |  |

*\* Moderator, Speaker – Select ALL applicable roles for this person*

|  |  |
| --- | --- |
| **Person #5** | |
| First and Last Name |  |
| Email |  |
| Role\* |  |
| Prefix |  |
| City and State |  |
| Country |  |
| Position/Title |  |
| Organization/Company |  |
| Credentials |  |

*\* Moderator, Speaker – Select ALL applicable roles for this person*

**Task 4: Presentations**

Enter the following information for each speaker in the session. For Roundtable Sessions, the Presentation Title can be the same as the Session Title.

|  |  |
| --- | --- |
| **Speaker #1** | |
| First and Last Name |  |
| Presentation Title |  |
| Brief Presentation Outline |  |
| Speaker Expertise\* |  |

*\* Provide a brief description of the speaker’s expertise and/or experience with this topic.*

|  |  |
| --- | --- |
| **Speaker #2** | |
| First and Last Name |  |
| Presentation Title |  |
| Brief Presentation Outline |  |
| Speaker Expertise\* |  |

*\* Provide a brief description of the speaker’s expertise and/or experience with this topic.*

|  |  |
| --- | --- |
| **Speaker #3** | |
| First and Last Name |  |
| Presentation Title |  |
| Brief Presentation Outline |  |
| Speaker Expertise\* |  |

*\* Provide a brief description of the speaker’s expertise and/or experience with this topic.*

**Task 5: Proposal Submitter Disclosures**

Review the ASPEN Financial Relationship Disclosure Policy and provide the following information.

Question #1: I have read the ASPEN Financial Relationship Disclosure Policy and agree to abide by the stated terms. (Yes/No)

Question #2: I agree that I will not actively promote or sell products or services that serve my professional or financial interests during accredited education. (Yes/No)

Question #3: Financial Relationship Disclosure (select one)

* I have not had any financial relationships with any ineligible companies in the past 24 months.
* I refuse to disclose and understand that refusal will prevent my participation in this activity.
* I am disclosing the following relationships with ineligible companies in the past 24 months.

Question #4-11: Enter the information below for each of your financial relationship disclosures.

1) name of ineligible company, 2) nature of financial relationship, 3) indicate if the relationship has ended

Question #12: Disclosure Mitigation Strategy (select all that apply)

* Not applicable as I have nothing to disclose.
* Divest in the financial relationship.
* Recusal from controlling aspects of planning and content with which there is a financial relationship.
* Peer review of planning decisions by persons without relevant financial relationships.
* Peer review of content by persons without relevant financial relationships.
* Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines).

**Task 6: Proposal Submitter Responsibilities**

Review the list of proposal submitter responsibilities and indicate your agreement with each statement.

* I agree to serve as the point of contact for this session. (Yes/No).
* I have confirmed speaker and moderator interest in and availability for presenting in this session *prior* to including them in the proposal submission. (Yes/No)
* I agree to serve as the session organizer if this proposal is accepted into the conference. (Yes/No)
* I agree to notify speakers and moderators listed in this session proposal regarding the final proposal decision. (Yes/No)
* I agree to confirm speaker and moderator participation in this session if this proposal is accepted into the conference. (Yes/No)
* I agree to secure replacement speakers and moderators for this session if needed. (Yes/No)
* I agree to work with conference program committee members to revise session details if needed. (Yes/No)

If you selected “No” for any of the statements above, provide an explanation here.

**Task 7: Proposal Submission Verification**

Check the box to indicate that you have read and agree with the statements below, then type in your first and last name to compete this task.

1. I verify that the proposed education session was planned without the influence of any commercial supporter or industry personnel, otherwise defined as an ineligible company.
2. I verify that this submission DOES NOT include participants from companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
3. I understand that presenters may be eligible for an honorarium or discounted conference registration. ASPEN will confirm honoraria amounts and/or registration discounts with individual speakers after proposal acceptance.
4. I understand that if this proposal is accepted, I am responsible for notifying all session presenters and confirming their intent to participate in the conference by the deadlines stated in the proposal acceptance communication.
5. I verify that I have checked my proposal for accuracy. I understand that once the submission site closes, I can no longer make changes to my proposal.

**Complete Proposal Submission**

Step 1: After completing all tasks, click on the “Save Submission” button located at the top or bottom of the screen.

Step 2: On the next screen, click on the “Submit” button located at the top right side to submit the proposal. Please note that the proposal will NOT be submitted if you do not complete this step.

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**Deadline:** Wednesday, April 2, 2025