**LNHA Request to Present**



Filling out this form is simply a request to present at an upcoming LNHA education seminar.

|  |  |  |
| --- | --- | --- |
| **Contact Information** | | |
| Full Name | | Professional Title |
| Company Name | | Company Address |
| City | State | Zip |
| Phone | Email address | Professional credentials |

|  |  |  |
| --- | --- | --- |
| **Education Information** This information is needed to obtain approved for continuing education credit. Please include school name, degree and year of graduation.If you have more than one degree, please list that as well. | | |
| School name | Degree 1 | Year of graduation |
| School name | Degree 2 | Year of graduation |
| School name | Degree 3 | Year of graduation |

|  |  |  |  |
| --- | --- | --- | --- |
| **Presentation information** | | | |
| Topic | | Seminar title | |
| Seminar length | Target Audience | | Expected fee |
| Have you presented for LNHA before?   * Yes 🞎 No | | | |

|  |
| --- |
| **Biographical information**  This information will be used to advertise your presentation in LNHA’s promotional materials. |
|  |

|  |
| --- |
| **Session description**  Please include a concise description of the presentation. Describe why a caregiver in long term care may find the session pertinent and beneficial. If it is an interactive session or if you will review certain facility materials, please expound. |
|  |

|  |
| --- |
| **Session objectives**  Provide three learning objectives from your presentation that may be used in a paragraph encouraging a long term care professional to attend. Please do not be vague in your description. |
| 1. |
| 2. |
| 3. |

|  |
| --- |
| **Speaker selection** |
| The LNHA Education Committee reviews and discusses potential speakers and topics. If you are provided the opportunity to present, you will be notified by LNHA. **Please do not call to inquire as we receive many presentation requests each week.** |

|  |
| --- |
| **LNHA Policy** |
| It is the policy of LNHA to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. |

Thank you for completing this application form and for your interest in LNHA. Please save the form to your computer and email the completed document to [jory@Lnha.org](mailto:jory@Lnha.org) with the subject “Request to Present” and include your name.

Click [here](http://www.lnha.org/PageDisplay.asp?p1=16338) to view a list of our upcoming educational seminars.