



18th Annual Full Lives Conference

Supporting the Future of our Workforce

April 10-12, 2019, Hotel Captain Cook, Anchorage

Call for Conference Proposals

This year the Full Lives Conference is continuing its collaboration between the State of Alaska Senior & Disability Services and the Alaska Training Cooperative to target an audience of both Direct Service Providers and Care Coordinators alike. Our theme for this year, *Supporting the Future of our Workforce*, is showcased in our keynote presentations that are focusing on the efforts and trends within the industry to strengthen and enhance the careers of our support professionals.

As always, the conference is seeking sessions that are motivational, educational, include evidence based best practices, and sessions that empower professionals working in the field engaged with Alaska Mental Health Trust Authority beneficiaries (Beneficiary groups include: mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, Alzheimer's and related dementia, and traumatic brain injuries).

Audience: Full Lives participants may include direct service providers, care coordinators, case managers, mental health clinicians and to a lesser degree, individuals (beneficiaries) or families receiving services.

Proposal applications must be submitted by February 12, 2019

Proposals will be reviewed by the conference committee and responses will be sent to all applicants by February 25, 2019.

How to Submit your Proposal - options:

- (1) Complete this online form, save the file with your name, and email the completed form to meganmoodyak@gmail.com
- (2) Print the form, complete it, scan and send by email to meganmoodyak@gmail.com.
- (3) Print the form and mail or fax to Diana Carpenter, 2702 Gambell Street, Ste 103, Anchorage, AK 99503, Fax 907-274-4802.

Contact Information for Primary Presenter (*required fields)

*Name: _____ *Email: _____
First & Last Name

*Job Title: _____ *Employer: _____

*Address: _____
Mailing address City State Zip

*Phone Number: _____ Fax Number: _____

Contact Information for any Co-Presenter(s)

*Name: _____ *Email: _____
First & Last Name

*Job Title: _____ *Employer: _____

*Address: _____
Mailing address City State Zip

*Phone Number: _____ Fax Number: _____

***If there are additional Co-Presenter(s), please include their contact information at the end of your Detailed Summary submission.*

Presentation Information

***Presentation Title:** _____
(In eight words or less - the workshop title should reflect the content presented)

***Presentation Format:** (Select all that apply)
(Sessions are 90 minutes in length though this is subject to change.)

- Presentation will require Internet access (Internet quality cannot be guaranteed – please prepare a back-up plan)
- Lecture/Discussion with a PowerPoint presentation
- Lecture/Discussion without a PowerPoint or electronic component
- Panel Discussion – How many panel members do you expect to have? _____
Are you submitting as the moderator? _____
- Interactive Audience Activities - (Describe below in the next box)

Other: (please include any additional information or requirements)

***Primary Topic Area:** (Check or circle all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Recreation Therapy |
| <input type="checkbox"/> Behavioral health/Mental illness | <input type="checkbox"/> Staff retention, networking for DSPs |
| <input type="checkbox"/> Challenging behaviors | <input type="checkbox"/> Substance abuse and/or prevention |
| <input type="checkbox"/> Criminal justice, recidivism | <input type="checkbox"/> Seniors/Elder care/Alzheimer's Disease |
| <input type="checkbox"/> Cultural awareness | <input type="checkbox"/> Documentation |
| <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Domestic violence & sexual assault | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Wellness for staff/clients |
| <input type="checkbox"/> Fetal Alcohol Spectrum Disorder (FASD) | <input type="checkbox"/> Workforce development |
| <input type="checkbox"/> Friendships & dating (client relationships) | <input type="checkbox"/> Home and community based settings |
| <input type="checkbox"/> Medicaid Redesign | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Positive Behavior Supports (PBS) | <input type="checkbox"/> Medicare |

Submission Packet MUST include this form, as well as the following attachments:

- ***Abstract: (50 words or less –** can be typed in the space provided at the end of this form or submitted as a separate page) This will be used to describe your presentation in the conference program in an accurate, interesting, and informative way. Keep in mind that conference attendees will choose sessions based on how they are described by you.
- ***Detailed Summary:** One page typed (200-250 words – can be typed in the space provided at the end of this form or submitted as a separate page) This should clearly explain the content of the proposed presentation. Presentations will be selected based on clarity and details submitted in this summary.

Additional Information

- All presenters will receive a complimentary registration on the day of their presentation and are offered a discounted registration to attend on the day(s) not presenting.
- Presenters are responsible for any printed handouts or materials for their session.
- **Presentation room setup and specific items needed: Each room will have a projector, projection screen, AV cart with power, and connection to speakers. You will need to provide a computer; if this is a problem, please notify Megan Moody at the time of submitting your presentation. Please notify Megan if you need additional items, such as a TV/VCR/DVD player, flip chart and markers.**
- Unfortunately, we are unable to ensure the wifi in the presentation rooms, please plan your presentation accordingly and do not rely on an Internet connection.
- Do you require reasonable accommodations? (i.e. large print materials, sign language interpreter, etc.) If yes, requests must be submitted no later than February 24, in order for the request to be completed in a timely manner. Someone will contact you regarding your request. Please add your request here (if applicable):

If you agree with the terms listed above, please sign and date on the line provided below:

Signature or Typed Name

Date Signed

Media Release

I give consent to the UAA-Center for Human Development (CHD) to video tape, audio tape, photograph and/or publish written descriptive materials or quotes for professional, educational, and community awareness purposes, including marketing and websites.

I hereby waive any right to inspect or approve the finished version(s), including written copy. I understand that I may revoke this consent at any time by written notice to UAA-CHD.

I have read this Release, am familiar with its contents, and have had the opportunity to ask any questions prior to its execution.

Signature

Date Signed

Proposal Form, Abstract, and Detail Summary are **due by February 12, 2019.**

Submit completed proposal packet in one of the following methods:

Email to: meganmoodyak@gmail.com

Mail - ATTN: Diana Carpenter, 2702 Gambell St., Ste 103, Anchorage, AK 99503

Fax - ATTN: Diana Carpenter at 907-274-4802

Any questions? Contact Megan Moody, Conference Coordinator,
at 608-658-9695 or by email at meganmoodyak@gmail.com.

***Abstract:** (50 words or less)

***Detailed Summary:** (200-250 words)

Any additional information: