



# CALL FOR PRESENTATIONS

## Home Care & Hospice Annual Conference 2026

Harrah's, Atlantic City, NJ | June 9-11, 2026

The Home Care & Hospice Association of NJ seeks proposals for presentations, interactive workshops, and facilitated discussions to be delivered at the annual home health and hospice professional conference in Atlantic City, New Jersey, from June 9–11, 2026.

Please submit all applicable portions of your proposal via email to Nancy Fitterer at [nancy@homecarenj.org](mailto:nancy@homecarenj.org) no later than **March 13, 2026**. Attach additional pages if needed.

### Part A. Overview & Logistics

**Presentation Title**

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**Presenter Name(s)**

**Degrees/certifications**

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**Has this title been presented previously?** If yes, where and when?

**Target Audience**      *Select all that apply.*

- ☐ Certified home health agencies
- ☐ Hospice agencies
- ☐ Healthcare service firms

**Educational Track**      *Select all that apply.*

- ☐ Clinical
- ☐ Financial
- ☐ Hospice
- ☐ Management
- ☐ Other (please describe):

**Upon completion of this program/workshop, attendees will be able to...**

*Insert a practice-specific measurable outcome; do not use "will understand")*

**What audiovisual components will your presentation require?**

- ☐ Laptop computer
- ☐ LCD projector
- ☐ Other (please describe):

**Will you be using a PowerPoint presentation?** Presentations are shared with participants after the conference.

- ☐ Yes
- ☐ No

**Will your presentation include printed handouts?**

- ☐ Yes
- ☐ No

**Will your presentation require internet access?**

- ☐ Yes
- ☐ No

**Will your presentation require sound?**

- ☐ Yes
- ☐ No

**Please provide a brief introduction of speaker(s)** to be read by program facilitators and used in conference/program advertising.

*Please do not exceed 250 words.*

## Part B. Biographical Information & Conflict of Interest

The following questions will evaluate your experience or knowledge related to NJSNA/ANCC criteria.

**Field of expertise:**

**Do you have a documented history of working in the area as a content expert?**

- ☐ Yes  
☐ No

**Years of expertise in the subject matter:**

**Do you have graduate education?** Describe.

**Do you have an advanced degree in the area of specialization?** Describe.

**Is there an actual, potential, or perceived conflict of interest for yourself and or your spouse/partner?**

- ☐ Yes
- ☐ No

**If applicable, select procedure(s) used to resolve conflict of interest or potential bias:**

- ☐ Removed individuals with conflicts of interest from participating in all parts of the educational activity.
- ☐ Revised the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity.
- ☐ Not awarding contact hours for a portion or all of the educational activity.
- ☐ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance and presentation, evidence based content or other indicators of integrity, an absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- ☐ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- ☐ Other (please describe):

## Part C. Continuing Education

NOTE:

**Programs do not qualify for continuing education credit if there is commercial support/interest for this program from a commercial interest organization.**

*This is defined as an organization that produces, markets, sells, or distributes healthcare goods or services consumed by or used by patients; and is owned or operated, in whole or in part, by an organization that produces, markets, sells or distributes healthcare goods or services consumed by or used on patients.*

**Does this program qualify for continuing education credits?**

- ☐ Yes; this program qualifies for nursing contact hours.
- ☐ No; this program does not qualify for any continuing education credit.

- **Eligibility requirements for NURSING contact hours ONLY:**

*Nursing programs are designed to address issues or problems related to nursing, general professional issues, specific practice problems, or issues related to future trends in practice. Activities that assist the participant to acquire, maintain, and /or increase the level of competence for basic skills or to fulfill employer expectations are considered in-services and are NOT eligible for continuing education contact hour credit.*

**Please describe how the program will enrich the nurse's contribution to quality health care and his or her pursuit of professional career goals.**

## Part D. SimiTree

Approver Unit Educational Planning

**Title of Program**

**Gap to be addressed by this activity:**

- ☐ Knowledge
- ☐ Skills
- ☐ Practice
- ☐ Other (please describe):

**Learning outcome(s):**

**Select all that apply.**

- ☐ Nursing professional development
- ☐ Patient outcomes
- ☐ Other (please specify):

**List an outline of the content (not objectives), including:**

1. Approximate time required for each topic
2. Presenter(s)/author(s) of each topic
3. Learner engagement strategies for each topic (e.g., Q&A, discussion, case studies).

**List the evidence-based references used for developing this educational activity in APA format (within 5-7 years).**

**Please calculate the number of contact hour(s) by dividing the total minutes of your presentation by 50.**

*Note that Q&A for the learning activity must be included in the total time.*

**Total Minutes:**  **Divided by 50 =**  contact hour(s).

**Planner/Presenter Name(s) and Credentials:**

**Submission Date:**