**Abstract Information Form**

**Title of Presentation**:

To check a box, double click on the box and on the Check Box Field Options mark Default value *checked* and then click on OK.

**Presentation Format** (Be sure to indicate preference)

Podium - Research or Projects must be completed by the date of submission to be accepted

Poster

Either Poster or Podium

**Which set of selection criteria do you wish to be used to evaluate the abstrac**t?

Research, include date research was completed:

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**If you are submitting for a podium presentation, please indicate which of the Podium Presentation Abstract Topics apply to your abstract.**

Professional and Leadership Development

Innovative health policy initiatives

Innovative strategies/solutions in academia or in the clinical setting

Impact of technology

Helping Healers Heal/Self-care/Resiliency

Bullying/Work Place Violence/Incivility

**Complete all sections below (first author responsible to notify all co-presenters):**

**First Author’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Initial Last Credentials (e.g., PhD, RN)

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