

CALL FOR ABSTRACTS

ATHENA Research Conference - April 23, 2009



University of Connecticut School of Nursing University of Connecticut Health Center Department of Nursing

ABSTRACTS WELCOMED FROM:

- UConn BS, MBEIN, MS & PhD students and PhD nursing students from New England and New York Schools of Nursing
- UConn Health Center nurses
- UConn School of Nursing faculty & alumni
- Sigma Theta Tau International, CT Chapter members
- Capital Area Alliance for Nursing Research and Research Utilization members

ABSTRACT REQUIREMENTS

Six sections with typed headings must appear in ALL abstracts. The following five sections for the type of research being submitted must be included, plus **ALL abstracts must include a sixth section, Implications for Nursing Practice.**

- **Quantitative research:** purpose, theoretical framework, methods, results, conclusions
- **Qualitative & historical research:** purpose, background, methods, results, conclusions
- **Philosophical & theory-related research:** purpose, background, approach, major points, conclusions
- One page (500 words max) using Times New Roman 12 point font
- One inch margins on 8.5" x 11" paper, front side only
- Type the title of the abstract at the top of the paper, bold, uppercase, centered and underlined
- Below the title type the names of the author(s), followed by credentials, and on another line type the author's(s) institution of employment or education
- Single spaced within sections and double spaced between sections; type headings in bold, uppercase, left justified and underlined

ABSTRACT SUBMISSION CHECK-LIST – DEADLINE MONDAY, JANUARY 12, 2009

- One** copy of this completed ABSTRACT SUBMISSION FORM
- One** copy of original abstract with names of author(s) and affiliation(s)
- One** copy of original abstract with names of author(s) and affiliation(s) ~~DELETED~~
- One** copy of the enclosed Biosketch/Disclosure Form only for the author(s) presenting research
- Name** the author(s) who will be doing the actual presentation of the research. Identify one author as the corresponding author to receive information.

- Two** Continuing Education Objectives the audience will achieve by listening to your research

TYPE OF PRESENTATION: ___ Poster ___ Oral (strictly limited to 15 min., suggested 15 PowerPoint slide maximum.)

To submit send all requested items in the above checklist by email attachment to barbara.slater@uconn.edu

For questions call 860.486.2591. Applicants will be notified via email by 2/26/09.

For a link to this form and conference information visit www.nursing.uconn.edu/communityresources/ARC

See Reverse for Biosketch/Disclosure Form →

CALL FOR ABSTRACTS (BIOSKETCH/DISCLOSURE FORM)

ATHENA Research Conference - April 23, 2009

Name _____ Credentials _____

Position _____ Employer _____

Address _____ Work Phone _____

Fax _____ Email _____

Education (please note if degree is in progress):

	<u>Degree</u>	<u>(Year)</u>	<u>Major</u>	<u>Institution</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Brief description of professional experiences, qualifications:

Check appropriate box describing type of participation.

Planning Committee Member

The Planning Committee must include a minimum of one (1) RN with a BSN or higher degree in nursing and others who have content expertise and who represent the target audience.

Presenter/Student/Faculty

Title of Activity: _____

Date of CE Activity: 4/23/09

----- Presenters/Student/Faculty ONLY must complete the statement below -----

If there is a conflict of interest, it must be revealed to the participants prior to the beginning of the activity.

Please check appropriate statement:

- ___ I have no actual or potential conflict of interest in relation to this Continuing Ed. Activity.
- ___ I am refusing to disclose any actual or potential conflict of interest in relation to this Continuing Ed. Activity.
- ___ I have a financial interest/arrangement or affiliation with one or more organizations listed below that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Organization/Affiliation/Financial Interest:

Relationship:

Presenter's Signature: _____ **Date:** _____

(Electronic signature is acceptable)

Nurse Planner's Signature _____

If presenter is unable to sign.