

Call for Proposals

2019 ACR/ARHP ANNUAL MEETING

ACR/ARHP
Annual Meeting
Atlanta • 2019



SAMPLE CALL FOR PROPOSAL FORM FIELDS

All submissions must be submitted online via the ACR's Call for Proposals Submission Site by **Friday, November 23 at 5 PM Eastern Standard Time**. To facilitate your submission, use the sample proposal forms to help you compose your answers. Type up your responses in a document and then, copy/paste your responses into the online submission form.

Additional information about ACR19 Call for Proposals including important dates may be found at: visit www.rheumatology.org/Annual-Meeting/Call-for-Proposals

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INFORMATION REQUESTED	INSTRUCTIONS
1. Committee Information <ul style="list-style-type: none"> ▪ Are submitting on behalf of an ACR committee? ▪ Yes/No 	<ul style="list-style-type: none"> ▪ If Yes Response <ul style="list-style-type: none"> ▪ Select Committee Name ▪ Committee Representative ▪ Committee Contact Email ▪ ACR Staff Liaison ▪ Ranking (rank in order of importance) ▪ Schedule (session should not be scheduled up against)
2. Moderators and Speakers	<ul style="list-style-type: none"> ▪ Two (2) moderators and three (3) speakers are allowed, as that is the recommended maximum for most sessions.
3. Session Details	<ul style="list-style-type: none"> ▪ Ability Level (All, Intermediate, Advanced) ▪ Teaching Method (Panel, Lecture, etc.) ▪ Interaction (Provide your proposed plan for engaging audience members) ▪ ABIM Blue Print Topic Area ▪ State CME Designation
4. Session Overview	<ul style="list-style-type: none"> ▪ Session Category (ARHP, Basic Science, Clinical Science, Pediatric) ▪ Target Audience (Clinicians, Researchers, etc.) ▪ Session Overview (200 word limit): Provide a concise overview that will describe the relevance of the content to the learner. Your overview may include how the session will meet the educational needs of the target audience. This can be expressed in terms of a gap in knowledge, competence, or performance. ▪ Elevator Pitch (Why is this session worth attending?)
5. Learning Objectives	<ul style="list-style-type: none"> ▪ Provide at least three learning objectives participants should be able to obtain from attending this session. These should bridge the gap between previously stated needs and the desired outcome/result of the learner.
6. Session/Course Agenda	<ul style="list-style-type: none"> ▪ For each speaker, please provide the talk title, duration, and objective. This is required for each speaker listed. To access and edit each individual speaker's talk information, simply click the speaker's name.
7. Additional Supporting Documents	<ul style="list-style-type: none"> ▪ If you have an additional supporting document (e.g., agenda, program outline, etc.) that you would like the planning committee to review in consideration of your proposal, please upload it here. Limit to one file only.

SCIENTIFIC SESSION FORM FIELDS

MEET THE PROFESSOR SESSION FORM FIELDS	INFORMATION REQUESTED	INSTRUCTIONS
	<p>1. Committee Information</p> <ul style="list-style-type: none"> ▪ Are submitting on behalf of an ACR committee? ▪ Yes/No 	<ul style="list-style-type: none"> ▪ If Yes Response <ul style="list-style-type: none"> ▪ Select Committee Name ▪ Committee Representative ▪ Committee Contact Email ▪ ACR Staff Liaison ▪ Ranking (rank in order of importance) ▪ Schedule (session should not be scheduled up against)
	<p>2. Speaker Information</p>	<ul style="list-style-type: none"> ▪ Add up to one speaker for this submission. Up to one (1) speaker is allowed, as that is the recommended maximum for Meet the Professor Sessions. There are no moderators for MTP sessions.
	<p>3. Session/Course Details</p>	<ul style="list-style-type: none"> ▪ Ability Level (All, Intermediate, Advanced) ▪ Interaction (Provide your proposed plan for engaging audience members) ▪ ABIM Blue Print Topic Area ▪ State CME Designation
	<p>4. Session Overview</p>	<ul style="list-style-type: none"> ▪ Session Category (ARHP, Basic Science, Clinical, Pediatric) ▪ Target Audience (Clinicians, Researchers, etc.) ▪ Session Overview: Provide a concise overview that will describe the relevance of the content to the learner. Your overview may include how the session will meet the educational needs of the target audience. This can be expressed in terms of a gap in knowledge, competence, or performance. ▪ Elevator Pitch (Why is this session worth attending?)
	<p>5. Learning Objectives</p>	<ul style="list-style-type: none"> ▪ Provide at least three learning objectives participants should be able to obtain from attending this session. These should bridge the gap between previously stated needs and the desired outcome/result of the learner.
	<p>7. Additional Supporting Documents</p>	<ul style="list-style-type: none"> ▪ If you have an additional supporting document (e.g., agenda, program outline, etc.) that you would like the planning committee to review in consideration of your proposal, please upload it here. Limit to one file only.

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1. Committee Information <ul style="list-style-type: none"> ▪ Are submitting on behalf of an ACR committee? ▪ Yes/No 	<ul style="list-style-type: none"> ▪ If Yes Response <ul style="list-style-type: none"> ▪ Select Committee Name ▪ Committee Representative ▪ Committee Contact Email ▪ ACR Staff Liaison ▪ Ranking (rank in order of importance) ▪ Schedule (session should not be scheduled up against)
2. Moderators and Speakers	<ul style="list-style-type: none"> ▪ Two (2) moderators and three (3) speakers are allowed, as that is the recommended maximum for most sessions.
3. Session Details	<ul style="list-style-type: none"> ▪ Ability Level (All, Intermediate, Advanced) ▪ Teaching Method (Panel, Lecture, etc.) ▪ Interaction (Provide your proposed plan for engaging audience members) ▪ ABIM Blue Print Topic Area ▪ State CME Designation
4. Session Overview	<ul style="list-style-type: none"> ▪ Session Category (ARHP, Basic Science, Clinical Science, Pediatric) ▪ Target Audience (Clinicians, Researchers, etc.) ▪ Session Overview (200 word limit): Provide a concise overview that will describe the relevance of the content to the learner. Your overview may include how the session will meet the educational needs of the target audience. This can be expressed in terms of a gap in knowledge, competence, or performance. ▪ Elevator Pitch (Why is this session worth attending?)
5. Learning Objectives	<ul style="list-style-type: none"> ▪ Provide at least three learning objectives participants should be able to obtain from attending this session. These should bridge the gap between previously stated needs and the desired outcome/result of the learner.
6. Session/Course Agenda	<ul style="list-style-type: none"> ▪ For each speaker, please provide the talk title, duration, and objective. This is required for each speaker listed. To access and edit each individual speaker's talk information, simply click the speaker's name.

PRE-MEETING COURSE FORM FIELDS

STUDY GROUP PROPOSAL FORM FIELDS	INFORMATION REQUESTED	INSTRUCTIONS
	1. Membership <ul style="list-style-type: none"> ▪ Are you an ACR/ARHP member? 	<ul style="list-style-type: none"> ▪ Yes/No
	2. Proposal Details	<ul style="list-style-type: none"> ▪ Target Audience (Clinicians, Researchers, etc.) ▪ Interaction Component (Provide your proposed plan for engaging audience members) ▪ Anticipated Attendance
	3. Session Overview	<ul style="list-style-type: none"> ▪ Session Category (ARHP, Basic Science, Clinical, Pediatric) ▪ Session Overview: Provide a concise overview that will describe the relevance of the content to the learner. Your overview may include how the session will meet the educational needs of the target audience. This can be expressed in terms of a gap in knowledge, competence, or performance. ▪ Elevator Pitch (Why is this session worth attending?)

INFORMATION REQUESTED	INSTRUCTIONS
1. Committee Information <ul style="list-style-type: none"> ▪ Are submitting on behalf of an ACR committee? ▪ Yes/No 	<ul style="list-style-type: none"> ▪ If Yes Response <ul style="list-style-type: none"> ▪ Select Committee Name ▪ Committee Representative ▪ Committee Contact Email ▪ ACR Staff Liaison ▪ Ranking (rank in order of importance) ▪ Schedule (session should not be scheduled up against)
2. Speaker Information	<ul style="list-style-type: none"> ▪ Two (2) speakers are allowed, as that is the recommended maximum for Workshops. There are no moderators or facilitators for Workshop sessions.
3. Session/Course Details	<ul style="list-style-type: none"> ▪ Ability Level (All, Intermediate, Advanced) ▪ Interaction Component (Provide your proposed plan for engaging audience members) ▪ ABIM Blue Print Topic Area ▪ State CME Designation ▪ Special Equipment Needed
4. Session Overview	<ul style="list-style-type: none"> ▪ Session Category (ARHP, Basic Science, Clinical, Pediatric) ▪ Target Audience (Clinicians, Researchers, etc.) ▪ Session Overview: Provide a concise overview that will describe the relevance of the content to the learner. Your overview may include how the session will meet the educational needs of the target audience. This can be expressed in terms of a gap in knowledge, competence, or performance. ▪ Elevator Pitch (Why is this session worth attending?)
5. Learning Objectives	<ul style="list-style-type: none"> ▪ Provide at least three learning objectives participants should be able to obtain from attending this session. These should bridge the gap between previously stated needs and the desired outcome/result of the learner.
7. Additional Supporting Documents	<ul style="list-style-type: none"> ▪ If you have an additional supporting document (e.g., agenda, program outline, etc.) that you would like the planning committee to review in consideration of your proposal, please upload it here. Limit to one file only.

WORKSHOP PROPOSAL FORM FIELDS