



# CALL FOR PRESENTATIONS

The Missouri Alliance for Home Care provides high quality education to the home care industry of Missouri. As we plan our educational calendar, we are asking for your help in developing a well-rounded calendar of educational offerings for all members. Here is your chance to become a part of MAHC's faculty and demonstrate your leadership and expertise to home care owners, executives, managers, administrators, clinicians, paraprofessionals and others who work in the home care industry.

## OPTIONS ARE FLEXIBLE

- Present at our Annual Conference (April 27 - April 29, 2016)
- Deliver your presentation from the comfort of your own office via teleconference
- Present at one of our sited conferences

*Sessions are expected to be 60-90 minutes long.*

## TOPICS

### Administrative

(HR, Wage & Hour, Critical Thinking)

### Clinical

### Hospice

### Private Duty

### Face-To-Face

### Telephony

### Medicaid Issues

### Billing

### Safety

### Best Practices

We are open to innovative topics!!

## SUBMISSION GUIDELINES

- Sessions are to be educational in nature and presenters may not use a session as an opportunity to spotlight a company, product or service. Proposals submitted by industry vendors are welcome, however, the **content must be free from commercial bias.**
- It is expected that the actual presentation will meet the stated session objectives; additionally, all written material supplied to the participants will reflect stated objectives.
- Submitting a proposal does not guarantee that your presentation will be selected. MAHC and the Education Committee reserves the right to make final presentation selections and edit proposals.
- Speakers will be chosen based on relevance to the needs of MAHC members, quality, timeliness and value of the content.

# SPEAKER SUBMISSION

The Missouri Alliance for Home Care, a not-for-profit organization, is Missouri's largest trade association representing the interests and concerns of home health agencies, home care companies, hospices and private duty companies. Therefore, it is not common for MAHC to pay speaker fees and/or expenses.

Do you require a speaker fee and/or expenses?  Yes  No

**If yes, explain:**

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## PRESENTER

Full Name: \_\_\_\_\_  
Credentials: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Assistant Name: \_\_\_\_\_ Email: \_\_\_\_\_

## CO-PRESENTER (IF APPLICABLE)

Full Name: \_\_\_\_\_  
Credentials: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Assistant Name: \_\_\_\_\_ Email: \_\_\_\_\_

# GENERAL INFORMATION

**Title:**

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**Length of Presentation:**       60 Minutes       90 Minutes

**Suggested session description:** (Should clearly state what participants can expect from your program).

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**Please provide 2-3 learning objectives:** (Think about what you really want the participant to know as a result of your session. Start each objective with a verb that is measurable: define, describe, identify, list, outline, recognize, review are just a few suggestions).

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**Target Audience:** Clinical, Managers, Administrators, Private Duty, Hospice, Management, Medicaid, Medicare, Supervisors

**Additional Information?**

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**Submit Proposals to:**

*Missouri Alliance for Home Care*  
2420 Hyde Park Rd., Suite A  
Jefferson City, MO 65109  
(P) 573-634-7772 (F) 573-634-4374  
abby@homecaremissouri.org

**Questions?**

Contact Abby  
573-634-7772  
abby@homecaremissouri.org