Association of Clinicians for the Underserved

2021 Annual Conference

Mission: Health Equity

Call for Abstracts Application Preview

Thank you for your interest in presenting at the 2021 ACU Annual Conference, Mission: Health Equity. The conference will be held at the Mandarin Oriental in Washington, DC from October 31- November 2, 2021. The deadline to submit workshop and poster abstracts is **Wednesday, June 30, 2021 at 11:00 PM ET**. Notifications will be sent out in August.

You are welcome to submit multiple abstracts for consideration by completing this form for each abstract. Please note that speakers are responsible for travel costs and registration fees. All speakers are offered a registration fee discount of $50.

Please review the [Call for Proposals](https://clinicians.org/conference-archives/acu2021/call-for-proposals/) for more information about submission guidelines.

We encourage you to complete your application in this word version and copy/paste your responses into the [online application via survey monkey](https://www.surveymonkey.com/r/Z9H53H2).

**Contact Information**

Contact Information for the person submitting the proposal

* Name
* Phone Number
* Email

Background Information for the person submitting the proposal

* Job Title
* Organization
* Credentials

Are you submitting this for yourself or someone else?

* Self
* Someone Else

**If you are submitting this on behalf of someone else**

Presenter Contact Information

* Name
* Phone Number
* Email

Presenter Background Information

* Job Title
* Organization
* Credentials

Will you have a co-presenter?

* Yes
* No

**If you have a Co-Presenter**

Co-Presenter Contact Information

* Name
* Phone Number
* Email

Co-Presenter Background Information

* Title
* Organization
* Credentials

Is your presentation a Workshop Session or a Research Poster? Select One.

* 60-Minute Workshop Session
* 75-Minute Workshop Session (includes time for in-depth attendee discussion)
* Flexible Workshop Session (you can tailor content to 60- or 75-minutes)
* Research Poster
* Both (your workshop session and poster are on the same topic)

Presentation Title (100 characters with spaces)

Presentation Description (1250 characters with spaces). *This will be the description that is published in the conference program and on the event webpage.* [*Click here*](https://clinicians.org/wp-content/uploads/2021/06/Sample-workshop-description.docx) *for an example workshop description.*

Three Learning Objectives (300 characters with spaces). *These will be used to obtain continuing education credit for your session. (Example: Participants will be able to name the six principles of trauma-informed care). For assistance with writing learning objectives,*[*click here*](https://www.bu.edu/cme/forms/RSS_forms/tips_for_writing_objectives.pdf)*.*

* Learning objective 1
* Learning objective 2
* Learning objective 3

What is the focus of this presentation? (select up to 2 answers)

* Policy
* Practice
* Workforce
* Wildcard (other)

Briefly describe how your workshop or poster addresses a current issue.

Briefly describe how your workshop or poster describes a practice or resource that has contributed to lasting change.

Briefly describe how your workshop or poster describes a practice that can be implemented by other health centers.

Briefly describe how your workshop or poster describes practices or resources that solved a problem.

Briefly describe how your workshop or poster aligns with the conference theme, Mission: Health Equity.

**ACU CME Conflict of Interest Waiver**

Are you aware of any commercial interests (defined in “Glossary of Terms”) with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months? For this purpose, we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours. (If you are completing this form on behalf of someone else, please select "N/A" and ACU will reach out to that person to complete the waiver separately. If you will have co-presenters, please complete this form for yourself only and ACU will reach out to your co-presenter(s) to complete the waiver separately.)

* Yes, I do have relevant financial relationships with commercial interests to disclose.
* No, I do not have any relevant financial relationships with any commercial interests.
* N/A - I am completing this form on behalf of someone else.

**[Only complete if you responded Yes above] ACU CME Conflict of Interest Waiver - First Commercial Interest Disclosure**

Please disclose any commercial interests with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months.

Please disclose the nature of the relevant financial relationship.

* What I received
* My role

Do you have additional commercial interests to disclose?

* Yes
* No

**ACU CME Conflict of Interest Waiver - Additional Commercial Interest Disclosure**

Please provide the information detailed above for each additional commercial interest.

**ACU CME Conflict of Interest Waiver - Confirmation and E-Signature**

By including your name and contact information below, you are agreeing that all information included in the questions above is correct and that, to the best of your knowledge, you have not withheld any additional financial relationships with commercial interests.

* Full Name
* Organization
* Email Address

**Is there anything else you would like to share with the review panel or conference organizers?**