

## Select Submission Category

**Conference:** Practice-Based Research Network Conference 2024

Learn more about the submission categories here: <https://napcrg.org/conferences/pbrn/call-for-papers/>

Select the Submission Category

- Select -

SAVE AND CONTINUE

CANCEL

CATEGORY OPTIONS

## Select Submission Category

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Select the Submission Category

✓ - Select -

Oral Presentations Research Completed

Oral Presentations In-Progress

Poster Presentations Research Completed

Poster Presentations Research In-Progress

Workshops

# Create Submission

Conference: Practice-Based Research Network Conference 2024

Category: Oral Presentations Research Completed

### Submission Role Defintions

**Submitter-Only:** Not a participant in the presentation. Used for submitting on behalf of someone. Submitter Only is NOT listed in conference materials.

**Submitter and Lead Presenter:** The lead in giving the presentation.

**Submitter and Co-Author:** A contributor to the submission.

Select Your Role on Submission

- Select -

Title (125 characters including spaces - DO NOT use all capitals)

Chars Remaining 125

**Abstract (maximum 2,500 characters including spaces)**  
The abstract should be no longer than 2,500 characters in a single paragraph with the following subheads: Background, Settings & Participants, Methods, Results, and Conclusions. See <https://napcrg.org/conferences/pbrn/call-for-papers/> for an example. Only include the abstract in this session. Do not include title or author(s).

Abstract (2,500) characters including spaces)

Chars Remaining 2500

# Submission Created

Next Step: Create submission proposal. The submission proposal consists of category specific questions.

[CONTINUE SUBMISSION PROPOSAL](#)

## Submission Details

**Conference:** Practice-Based Research Network Conference 2024

**Category:** Oral Presentations Research Completed

**Submission Id:** 5741

**Title:** Title

## Submission Abstract

Abstract starts here

## Create Submission Proposal

**Conference:** Practice-Based Research Network Conference 2024

**Category:** Oral Presentations Research Completed

**Submission Id:** 5741

**Submission Title:** Title

**THESE ARE VERY  
IMPORTANT FOR CME  
CREDIT QUALIFICATION**



**Instructions:** Answer the questions below and then click on the Save and Continue button. Questions with a red asterisk **MUST** be answered or your submission will **NOT** be considered complete and, therefore, not considered for submission.

**Research Category\***

Select Answer

**Learning Objectives:** List at least 2 learning objectives using these guidelines:

- Clearly describe what you want learners to take away and implement after the session in active, measurable terms (e.g. - define, interpret, explain, apply).
- Each objective must be specific, concise, and limited to one sentence.
- Example - "On completion of this session, participants should be able to identify and describe the three primary tenets of the Patient Self-Efficacy Model."

**First Objective:** On completion of this session the participants should be able to... **\***(Character limit including spaces: 300)

**Second Objective:** On completion of this session the participants should be able to... **\***(Character limit including spaces: 300)

**Third Objective:** On completion of this session the participants should be able to... (Character limit including spaces: 300)

**RELEVANCE STATEMENT:** (In layman's terms, describe the relevance or "take home message" of this session to a patient, community member, or non-researcher) **\***(Character limit including spaces: 1500)

## PAGE 4, CONTINUED

Are you a first-time submitter for NAPCRG's PBRN Conference?\*

Select Answer

At this time, PBRN 2024 is slated to be held in person June 17 - 18, 2024 at the Hyatt Regency in Reston, Virginia. If health and safety guidelines required NAPCRG to shift this event to a virtual conference, are you willing to present virtually?\*

Select Answer

The Author agrees that the materials he or she submits to NAPCRG or one of its affiliates for use in NAPCRG's program materials for NAPCRG's PBRN Conference, along with any presentation at the PBRN Conference, are: (a) works for hire, done for NAPCRG, within the meaning of the copyright laws; or (b) the Author is hereby assigning to NAPCRG the rights to prepare derivative works of the materials and presentation and to use, copy, publish, distribute, license, display, or publicly perform in any form and in any media the PBRN Conference materials and presentation.

The undersigned Author further represents they have the authority to grant the rights described in the above paragraph.\*

Select Answer

Questions with a **red \*** must be answered for the submission to be considered complete.

SAVE AND CONTINUE

CANCEL

## Disclosure

Every presenter is required to fully disclose any relevant financial interest or other relationship with the commercial supporter(s) of this educational activity or with the manufacturer(s) of any commercial product(s) and/or providers of commercial services discussed in this educational activity including 1-year prior to and/or 1-year following conference presentation(s).

Every presenter is also required to fully disclose when an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose, is discussed during an educational activity.

### Disclosure of Financial Relationships

**Part I:** Check either A or B. You must check only one button. **Required \***

- ☐ **A. Neither I nor my immediate family has a financial relationship or interest in any commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients**
- ☐ **B. I have or a member of my immediate family have a financial relationship or interest in any commercial interest producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients**

**Part II:** If you checked B above, please list all entities and nature of relationship with each, e.g., research grants, stock or bond holdings, employment, ownership or partnership, consulting fees, other remuneration (honoraria, travel expenses, etc)

### Disclosure of Unlabeled/Investigational Uses of Products

**Part III:** Check either A or B. You must check only one button. **Required \***

- ☐ **A. The content of my material(s)/presentation(s) in this CME activity WILL NOT include discussion of unapproved or investigational uses of products or devices.**
- ☐ **B. The content of my material(s)/presentation(s) in this CME activity WILL include discussion of unapproved or investigational uses of products or devices as indicated below.**

**Part IV:** If you checked B above, please describe the unapproved or investigational uses of products or devices that you will discuss in your material(s)/presentation(s):

## Disclosure of Speakers' Bureau

**Part V:** Check either A or B. You must check only one button. **Required \***

- ☐ **A. Neither I nor anyone in my immediate family is a member of a speakers' bureau for a proprietary entity producing health care goods or services.**
- ☐ **B. I am or a member of my immediate family is a member of a speakers' bureau for a proprietary entity producing health care goods or services.**

**Part VI:** If you checked B above, please describe the involvement with the speaker's bureau. For example, did you or a member of your immediate family receive training, travel for this training, did the company provide audio visual material, did the company pay any expenses, did the company provide an honorarium, consulting fee, or any other type of compensation?

## Acknowledgement

**Part VII:** I have read the policy on full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require us to identify a replacement.

**Type your full name in the space below to acknowledge that you will comply with our disclosure policy.**

SAVE

CANCEL

## Submission Details

Your submission has been successfully submitted. To **add presenters** follow the instructions listed below under "Invite Presenter(s) to Submission".

[Return to the main dashboard](#)

**Conference:** Practice-Based Research Network Conference 2024

**Category:** Oral Presentations Research Completed

**Submission Id:** 5741

**Submission Title:** Title

**Submission Completed:** **True**

 [Edit Submission](#)

### Invite Co-Author(s) to Submission

Copy the text in the blue box and email it to the co-author(s) that you want to include on this submission. This text contains all required information needed for the invitees to join the submission.

Please follow the link <https://submit.napcrg.org/Presenter/AddParticipant?SubmissionId=5741> to add yourself to the Practice-Based Research Network Conference 2024 submission "Title".

If you do not have an account you will need to create one by clicking "Create a New Account" on the login page. Once the account is created re-visit <https://submit.napcrg.org/Presenter/AddParticipant?SubmissionId=5741>

Once logged in you will be directed to select your role of "Co-Author" or "Lead Presenter" and complete a disclosure if it is not up to date.

### Submission Abstract

Abstract starts here

### Submission Proposal Questions

**Question:** Research Category

**Response:** Behavioral Health