

# Prestige Professional Development and Consulting (PPDC) - Presenter Form

11th Annual Mississippi Virtual Trauma Informed Care Conference

“Overcoming Obstacles: Recovery is a Journey”

9/24-9/26/2025



## Presenter Identifying Information

Name:

Best Contact Number:

Employer:

Job Title:

Best Physical Address to Send Correspondence:

Email Address:

## Education:

Degree	Institution/College/University	Major Area of Study	Year Degree Awarded

## Professional Licensure, Certification, etc.:

Please list any License, Certification, etc:

**Presenter Bio – please include experience and/or training relevant to the topic presented:**

<b>Presentation Information</b>		
<b>Title of Presentation:</b>		
<b>Date of Presentation:</b>		
Select the option that best describes your role <input type="checkbox"/> Lead Presenter <input type="checkbox"/> Co-Presenter <input type="checkbox"/> Other		
<b>Abstract: 5 – 7 Sentence (This will be included in the conference program for participant’s reference)</b>		
<b>How will your presentation practice cultural awareness?</b>		
<b>Presentation Outline</b>		
<b>Duration of Presentation:</b> (30 minute Increments) <input checked="" type="checkbox"/> 60 mins <input type="checkbox"/> 90 mins <input type="checkbox"/> 120 mins <input type="checkbox"/> 180 mins <input type="checkbox"/> 240 mins		
<b>Evaluation Tool:</b> <input type="checkbox"/> Post Test <input type="checkbox"/> Structured Interviewer <input type="checkbox"/> Attitude Scale <input type="checkbox"/> Direct Observation <input type="checkbox"/> Other		
<b>Evaluation Category:</b> <input type="checkbox"/> Learner Satisfaction <input type="checkbox"/> Knowledge <input type="checkbox"/> Skill and Attitude Change <input type="checkbox"/> Change in Practice		
<b>Teaching Strategies:</b> <input type="checkbox"/> Lecture <input type="checkbox"/> PowerPoint/Graphics <input type="checkbox"/> Digital <input type="checkbox"/> Social Media <input type="checkbox"/> Discussion/Q&A <input type="checkbox"/> Role-playing <input type="checkbox"/> Other		
<b>Must provide 3 objectives.</b> Please be specific and use action verbs such as discuss explain, define, discuss, list, demonstrate, apply, illustrate, etc. Also, note content - this refers to the information presented to achieve the objective. The time frame for all 3 objectives must total the duration of the presentation when added together.		
<b>Objective 1:</b> After completion of the session, participants will be able to	<b>Presenter</b>	<b>Time Frame</b>
<b>Content for Objective 1:</b>		
<b>Objective 2:</b> After completion of the session, participants will be able to	<b>Presenter</b>	<b>Time Frame</b>
<b>Content for Objective 2:</b>		
<b>Objective 3:</b> After completion of the session, participants will be able to	<b>Presenter</b>	<b>Time Frame</b>
<b>Content for Objective 3:</b>		
<b>Identify how you took part in the development, planning, and evaluation of this presentation. Check all that apply.</b>		
<input type="checkbox"/> Planned Objectives/Concept <input type="checkbox"/> Reviewed Evaluation <input type="checkbox"/> Planned Time Frame <input type="checkbox"/> Attended Committee Meetings <input type="checkbox"/> Planned Teaching Strategies <input type="checkbox"/> Will Utilize Evaluations to Revise Presentation as Needed		

## Vested Interest

Have you received anything of value from a commercial supporter, which may have been perceived as direct or indirect in the subject(s) in this presentation?  yes, continue with questions  no, skip to signature

If yes, please list the name of the commercial supporter(s):

If yes, please describe your relationship/role with the commercial supporter. Check all that apply

Speaker's Bureau  Shareholder  Consultant  Grant/Research Support  Major Stakeholder  Large Gifts  
 No Relationship  Other, please describe \_\_\_\_\_

If yes, explain how the conflict of interest will be resolved

During your presentation, will you include a discussion of any unlabeled or investigational use of a product, device, or drug that has not been approved by the FDA? For the use being presented in this educational activity?  Yes  No

If yes, please explain:

If yes, you must disclose the information during your presentation. Select the method of disclosure.

Handouts  Audiovisuals  Verbally, during presentation  Other, please describe \_\_\_\_\_

If yes, how will the conflict of interest be resolved? \_\_\_\_\_

PLEASE SIGN AND DATE BELOW. (IF PROVIDING ELECTRONIC SIGNATURE, PLEASE CHECK THE BOX PROVIDED BELOW THE SIGNATURE LINE.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MY ELECTRONIC SIGNATURE ABOVE IS THE EQUIVALENT OF MY ACKNOWLEDGEMENT AND VERIFICATION OF THE INFORMATION PROVIDED.

Attach a resume or vita, a brief bio for introductions, picture, and submit all documents to [prestigepdcms@gmail.com](mailto:prestigepdcms@gmail.com)

Thank you!