



CALL FOR PAPERS
10TH ANNUAL CANS/TCOM CONFERENCE
Skill Building
Chicago, Illinois
November 12 - 14, 2014

The 10th annual CANS/TCOM Conference will be held at the **Holiday Inn Chicago Mart Plaza Hotel** on November 12th through November 14th, 2014. Individuals interested in presenting are requested to submit a proposal for a paper or poster by **July 15, 2014**.

The following topics are encouraged but not limited to:

- Matching assessments to service planning, including EBPs
- Impact of implementing structured assessments on the performance of programs, agencies or systems
- Using assessments to guide level of care or intensity of services
- Evaluating services—outcomes and outcome trajectories
- Enhancing family involvement in the assessment process
- Using structured assessments in team processes
- Policy issues with the use of evidence-based assessments
- Implementation issues with evidence-based assessments
- Cross-systems applications of evidence-based assessments
- Strategies for providing feedback to family and providers
- Total Clinical Outcomes Management (TCOM)

Please complete the attached form and submit a 200 word abstract of your proposed presentation or workshop. • A copy of your current resume or a brief biography with your submission. • Specify on the form what kind of audiovisual equipment you will need for your presentation. This equipment must be ordered in advance. Presenters are encouraged to supply their own laptops.

Presenter(s) will receive a discount rate to the conference. We reserve the right to cancel a workshop with less than 10 people registered. Selected presenters will be notified by email. If you are not going to be available for all three days of the conference, please advise us of your preferred day to present. Presenter(s) are responsible for making their own hotel reservation(s).

Please mail or email proposals to:

Adriel Jones, LLC
4639 Mason Road
College Park, Ga. 30349
Phone: 530-237-4350
events@adrieljonesllc.com



Presentation Proposal
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Primary Presenter:
(Individual with whom all communication will occur.)

Name: _____ Degree(s): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

Preferred Medium: presentation poster workshop

Suggested Track: Clinical Supervisory System Administrators

Workshop Length: 1.5 hours 3 hours Other: _____

Audio-Visual Equipment needed: podium microphone LCD projector Screen
 overhead projector TV/VCR flip chart /markers.

Co-Presenters:
(Only one co-presenter will receive a discount in the registration fee:)

Name: _____ Degree(s): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

Proposal checklist: (Information submitted will be used for conference brochure and CEU application)

Work Title/Description (200 word abstract) : _____

Presenter (s) brief bio (200 words or less/list no more than 4 credentials): _____

Presenter (s) Resume or CV: _____