

**2022 AAPM&R Annual Assembly
Member Community Session Builder Form**

1. **Proposal Title:**

*The title of your session proposal should be informative but concise and in the format it should be printed.****Enter the title in mixed case; do not type in all CAPS****. Please do not use abbreviations or quotation marks in the title.*

Click or tap here to enter text.

1. **Has this community met previously?**

*If yes, please provide context to how you meet, i.e., virtually, face-to-face, etc., and the overall discussion that took place, as this will provide good insight to how the community is functioning:*

[ ]  Yes

[ ]  No

1. If yes, please provide context.

Click or tap here to enter text.

1. **Member Communities**

*Please note, only one proposal will be selected for the 2022 program per community. Ensure the community submission is supported by the community chair.*

*Community Chairs can be found at:* [*https://www.aapmr.org/members-publications/membership/member-communities/all-member-communities*](https://www.aapmr.org/members-publications/membership/member-communities/all-member-communities)

[ ]  Adaptive Athletes and Sports

[ ]  African American Physiatrists

[ ]  Alternative Pain Medicine

[ ]  Amputee/Limb Loss Restoration Rehabilitation

[ ]  Brain Injury Medicine Fellowship Directors

[ ]  Cancer Rehabilitation Medicine

[ ]  Central Nervous System

[ ]  Chicago Physiatrists

[ ]  Early-Career Physiatrists

[ ]  Exercise as Medicine

[ ]  Geriatric Rehabilitation

[ ]  Inpatient Consultants

[ ]  Inpatient Rehabilitation

[ ]  Intellectual Disability

[ ]  Interventional Pain

[ ]  Kosher Physiatry

[ ]  LatinX in Physiatry

[ ]  Medical Educators

[ ]  Muslim Physiatrists

[ ]  Neuromodulation

[ ]  Neuromuscular Medicine and EDX

[ ]  Overhead Athlete

[ ]  Pain Medicine

[ ]  Pediatric Rehabilitation

[ ]  Pediatric Rehabilitation Medicine Current Fellows/Combination Residents and Future Candidates

[ ]  Pediatric Rehabilitation Medicine Fellowship Program Directors

[ ]  Pediatric Sports Medicine

[ ]  Performing Arts Medicine

[ ]  Physiatry in Skilled Nursing Facilities

[ ]  Physiatry Life Care Planners

[ ]  Private Practice Physiatrists

[ ]  Regenerative Medicine

[ ]  Research in Physiatry

[ ]  Running Medicine

[ ]  South Asian Physiatrists

[ ]  Spine Medicine

[ ]  Sports Medicine

[ ]  Sports Medicine Current Fellows and Future Candidates

[ ]  Sports Medicine Fellowship Directors

[ ]  Texas Physiatrists

[ ]  Women Physiatrists

[ ]  Wound Medicine

1. **Estimated Attendance:**

[ ]  <49

[ ]  50-99

[ ]  100-149

[ ]  150-199

[ ]  200-249

[ ]  250-299

[ ]  300-349

[ ]  350-399

[ ]  400-450

[ ]  451>

1. **Format (check all that apply):**

[ ]  Case Review

[ ]  Debate

[ ]  Lecture

[ ]  Networking

[ ]  Panel Discussion

[ ]  Small Groupwork

[ ]  Question & Answer

[ ]  Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Session Description**

*Please provide a 1-2 paragraph description of this session including your overall objectives, topics, format and any other information that would be helpful for the Program Planning Committee to know.*

*As a Member Community, what are you trying to do within this session, i.e., talk about a community issue, talk about best practices, general networking, etc. You do not need to have an educational program with formal presentations. However, the more information you can provide about what you want to accomplish in this session, the better the Academy can help you achieve this.*

Click or tap here to enter text.

1. **Should this session offer CME?**

*If you want to provide CME for your session, you will be required to follow Academy policies to ensure compliance with ACCME guidelines. This includes your session and speaker presentations being reviewed by the Program Planning Committee and CME Committee, adhering to the Academy’s COI Disclosure and Resolution Policy and Honoraria and Reimbursement Policy.*

Click or tap here to enter text.

1. **Length of Session**

*Community sessions are all virtual and a standard amount of time is necessary. Sessions can be held in 90 minute 3 hour time blocks. Please submit your preferred community session length (up to 3 hours), along with the format and reasoning for length of time being requested.*

Click or tap here to enter text.

1. **Outline/Agenda**

*Be sure to include the full speaker name, lecture title, time allotment, and a brief outline of each presentation. Use one line per lecture title and list them in the order they will be presented (if a speaker is presenting more than once, they will have separate lines for each lecture).*

*Do not leave blank or title lectures with generic names.*

**The next 5 following questions needs to be completed for every speaker.**

* **Lecture**

*The title must be brief and clearly indicate the nature of the presentation. Please use title case when entering your title; that is capitalize only the first letter of the first word of the title, the first word after a colon, and any proper nouns or abbreviations. The total length of the title should be no more that 200 characters, not including spaces.*Click or tap here to enter text.

* **Outside Speaker? (Non-physiatrist?)**

*Outside speaker cost and a biosketch must be submitted with this proposal.*

*Biosketches can be emailed to assembly@aapmr.org with the session proposal title.*

[ ]  Yes

[ ]  No

* **Is travel reimbursement needed for your outside speaker?**

*Honoraria and reimbursement requests must be approved by the Program Planning Committee. Reimbursement follows the guidelines of the AAPM&R Honoraria and Reimbursement Policy approved by the Board of Governors.*

 *Reimbursable Expenses for Participation During the Annual Assembly Include:*

* *Hotel accommodation that is commensurate with participation as faculty during the activity.*
* *Up to $70/day reimbursement for meals and tips (receipts must be submitted)*
* *Up to $160 total reimbursement for ground transportation (receipts must be submitted)*
* *Airfare/mileage will be reimbursed (maximum airfare dollar amount to be provided in faculty letter)*
* *Waived registration for Annual Assembly*

[ ]  Yes

[ ]  No

[ ]  Not Applicable

* **Lecture Time Allotment**Click or tap here to enter text.
* **Brief Lecture Description**

*Provide 1-2 sentences about the intent of this lecture.*Click or tap here to enter text.

1. **Faculty Information**

You must add at least 1 community session director; community session faculty and no more than 20.

You must add at least 1 community session director and no more than 2 community session directors.

You must add at least 1 community session faculty and no more than 18 community session faculty.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Roles**

*Please select at least one Role*

[ ]  Community Session Director

[ ]  Community Session Faculty

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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