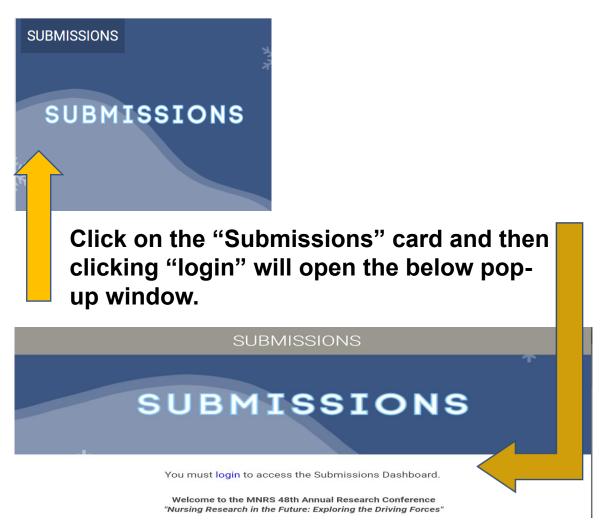
### MNRS Annual Research Conference Submission Site User Guide

Visit http://mnrs.societyconference.com



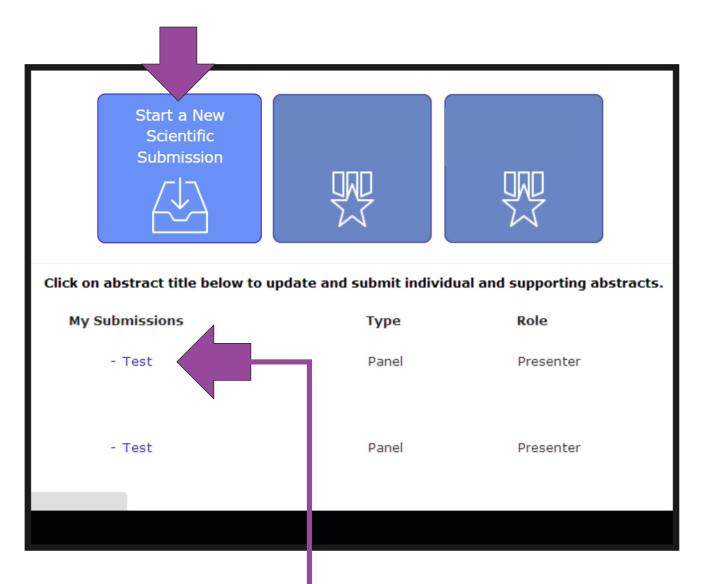
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		or	_
		Not a current user? Create a New User Ac	count
		Forgot your password? Reset Pas	sword
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SION	This site is best viewed in I	latest versions of Chrome, Firefox, Safari and Microsoft	Edge.

### After logging in\*, click "Access My Dashboard" below to begin!

\*If you are an MNRS Member, an account has already been created for you using your login email for membership.

If you do not know your password, please click "Forgot your Password? Reset Password" and a new password will be emailed.

Select "Start a New Scientific Submission"



These are your current submissions. You can access the submission by clicking the title. If you were added to a presentation by someone else, that submission would appear here.

	Add Participants >
Quitaria	
	sion Type
1	Enter Title *
X	Abstract Submission: The title must be brief and clearly indicate the nature of the proposal.
	200 of 200 characters remaining
2	Length of Workshop *
	● Half-day
	Full-day (Availability is limited)
3	Proposed Level of Workshop *
$\bigcirc$	Introductory
	Intermediate
	Advanced

After entering the title, the system will autocorrect to title case. This is for Abstract and Program book purposes. Please review the title after correction.

> If submitting a Preconference Workshop Select length & proposed level of workshop.

### Add Participants to the submission, if necessary.

👚 Return to Home P	Page Submit Study Group				
General	Participants 2 Submission 3	Disclosures	4		
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		Abstract Admin	Submission Status	Disclosure Status	L
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Co-Chair	Laura Hill Q Laura Bersacola-Hill Ihill@acnp.org participant.			Not Started	L
Participant*	Enter e-mail address			Not Started	L
	Enter first name Enter last name Want to continue searching? Search for participant.			_	
Participant	Search for participant Cannot find the participant? Add a new participant.			Not Started	
Participant	Q				

Search for a user by typing a full name or email. Please thoroughly search for a participant in the system before creating an account.

These icons can be used to check the status of your participants. You can also click the mail icon to send an individual email.

Complete the overall proposal information.

Name of Group/Organization submitting proposal *
Workshop Description * This statement will be used to promote your workshop and will appear as the description in all correlated materials, including the preliminary brochure.
350 of 350 words re
Relevance of the session as it relates to nursing research. *
150 of 150 words re
Please list any prerequisites. *
Workshop Attendance * All pre-conference workshops must have a minimum of 25 attendees sign up prior to the 2019 Annual Meeting in order to occur. What measures have you taken to assure at least 25 people will attend?
Biosketch *

2 Proposed Level of Session * Introductory Intermediate Advanced	Special Session           1         Enter Title *           Abstract Subr	• nission: The title must be bri	ef and clearly indicate the	e nature of the proposal.	
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Select length & proposed level of workshop.

Add Participants to the submission.

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	Search for participant Cannot find the participant? Add a new participant.			Not Started	
Participant	Q				

Search for a user by typing a full name or email. Please thoroughly search for a participant in the system before creating an account.

These icons can be used to check the status of your participants. You can also click the mail icon to send an individual email.

### Complete the overall proposal information.

Submis	sion Details	
	Name of Group/Organization submitting proposal *	]
2	Session Description *	
		350 of 350 characters remaining
3	Relevance of the session as it relates to nursing research *	
$\square$		
		350 of 350 characters remaining
4	Please list any prerequisites	
$\square$		
5	Biosketch *	
$\bigcirc$	As the organizer, please upload a copy of your biosketch (pdf/doc/docx).	
	Upload 🕤 max file size: 8 MB	

As a presenter, enter your title and upload your biosketch.

n Return	to Dashboard Submit
G	eneral Participants Submission 3 Disclosures
	Previous     Save and Continue     Submit Abstract
Submiss	ion Details
1	Enter Title * Abstract Submission: The title must be brief and clearly indicate the nature of the proposal. Biosketch *
$\bigcirc$	Please upload a copy of your biosketch (pdf/doc/docx).
	max file size: 8 MB

### Disclosures

# As a presenter, please complete the following fields.

#### Disclosures

#### **Financial Relationships**

#### Definition of Financial Relationship...

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considered relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Contracted research includes research funding where the institution gets the grant and manages the fund and the person is the principal or named investigator on the grant.

There is no minimum dollar amount for relationships.

#### Definition of Commercial Interest ....

A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are <u>not</u> commercial interests – unless the provider of clinical service is owned, or controlled, by a commercial interest. The following are <u>not</u> commercial interests:

- 501-C Non-profit organizations that do not advocate for commercial interests
- Government organizations
- Non-health care related companies
- Liability insurance providers
- · Health insurance providers
- Group medical practices
- · For-profit hospitals
- · For-profit rehabilitation centers
- · For-profit nursing homes
- Blood banks
- Diagnostic laboratories

#### Disclosure \*

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After having read the above definitions, in the **past 12 months**, have you, your spouse/partner or other immediate family member had a financial relationship with any commercial interest?

Yes, I (or my spouse or other immediate family member) do have commercial interest(s) to disclose.
 No

#### Financial Relationships Details \*

Please enter the name of the commercial interest (entity) and the nature of the relationship(s). **Please list the name of the entity in the 'Commercial Interest' column.** Examples of relationships include: Stock Shareholder, Scientific/Medical Advisory Board Member, Corporate Board Member, Consultant, Employee, Honoraria, Patent.

	Commercial Interest *	Type of Financial Interest *	Individuals Involved *		
		(blank) 🔻	(blank) 🔻		
You must populate all fields to complete the row.					

#### Statement 1 \*

I will not accept payments or reimbursements from a commercial interest (any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients) for my role in the planning and delivery of this CME activity. If I am approached by a commercial interest in this regard, I will immediately notify MNRS.

I Agree.

#### Statement 2 \*

All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. If I am a presenter, my presentation will meet these standards, and if I am a planner, I will not approve any content that does not meet these standards. If I am a session chair and/or an abstract discussant, any contribution I make to discussion, will meet these standards.

I Agree.

#### Statement 3 \*

CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. CME educational material or content that includes trade names should include trade names from several companies where available, not just trade names from a single company. If I am a presenter, my presentation will meet this standard, and if I am a planner, I will not approve any content that does not meet this standard. If I am a session chair and/or an abstract discussant, any contribution I make to discussion will meet this standard.

I Agree.

#### Statement 4 \*

Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages, or commercial interest logos. If I am a presenter, my presentation will meet this standard, and if I am a planner, I will not approve any content that does not meet this standard. If I am a session chair and/or an abstract discussant, any contribution I make to discussion will meet this standard.

I Agree.

#### Statement 5 \*

The content of the CME activity must not promote the proprietary interest of any commercial interest. If I am a presenter, my presentation will meet this standard, and if I am a planner, I will not approve any content that does not meet this standard. If I am a session chair and/or an abstract discussant, any contribution I make to discussion will meet this standard.

I Agree.

#### Statement 6 \*

The content of the CME activity must not be influenced by any commercial interest. If I am a presenter, my presentation will meet this standard, and if I am a planner, I will not approve any content that does not meet this standard.

I Agree.

#### Employee Disclosure \*

Are you an employee, founder, or corporate board member of a commercial interest?

Yes

No

#### Signature \*

I certify that all my (and my immediate family's) affiliations with or financial relationships (e.g., employment, consultancies, honoraria, equity ownership or stock options, grants, contracts, patents, received or pending, or royalties) with any organization or entity defined as a commercial interest are disclosed completely here. For purposes of disclosure, financial involvement is defined as any income source having occurred within the last 12 months.



Finalizing your submission.

ሰ Return to Home Pa	ige Submit					
General	Participants		Disclosures	<b>~</b>		
	Previous	Save and Continue >		inalize Submiss	ion	
Participants			Abstract Admin	Submission Status	Disclosure Status	Notify Participar
Chair*	Robert Bilder remove		$\checkmark$	Y	<b>X</b>	
Co-Chai <del>r</del>	Bruce Cuthbert remove			Submitted	Submitted	
Participant*	William Carpenter remove				Submitted	
Participant	Judith Ford remove				Submitted	

When all presenters have completed their respective tasks the finalize Submission button will change to yellow. Click this to submit your proposal for review.