



ACLP Consultation-Liaison Psychiatry 2026

Town & Country Resort • San Diego, CA
November 18-21, 2026

Expanding the Vision of Consultation-Liaison Psychiatry: New Roles, New Settings, New Pathways

SUBMISSION GUIDANCE AND FAQ

Submission deadline: 11:59 PM EDT, Wednesday, April 1

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INTRODUCTION

CLP 2026 will be a live event held at the Town and Country Resort in San Diego, California, from November 18-21, 2026. The meeting theme is *Expanding the Vision of C-L Psychiatry: New Roles, New Settings, New Pathways*.

HIGHLIGHTS FOR THIS YEAR

- Similar to CLP 2025, this year’s main meeting content will run from Wednesday afternoon (November 18, 2026) through Saturday (November 21, 2026). This expanded schedule, piloted in 2025, allows for a greater number of accepted abstracts to reflect the growth in both ACLP membership and C-L scholarship.
- In line with this year’s theme, we encourage submissions that focus on broadening the scope of C-L psychiatry. This could include exploration of new roles for C-L psychiatrists throughout the healthcare system, new settings for C-L practice to better serve diverse groups of patients, and new pathways in C-L education. Topics of interest include:

- The unique roles of C-L psychiatrists in provider wellness, career development, and advocacy
 - New or evolving models of delivery of C-L psychiatry, including emerging C-L subspecialties and C-L telepsychiatry
 - Ways to practice C-L psychiatry in non-academic, rural, or other settings beyond “traditional” inpatient academic C-L psychiatry
 - How to integrate new technologies, including artificial intelligence, into C-L practice
 - The role of C-L psychiatry in integrating inpatient and outpatient care
 - Innovative models in C-L training
 - Global models of C-L psychiatry care delivery and training
- To increase opportunities for individuals to present their work, a single person may be listed as a speaker on a maximum of THREE (3) general session and/or brief oral paper submissions, combined (e.g., a maximum of 2 general sessions and one brief oral paper). This will be checked following submission. Preconference courses, invited update courses, invited general sessions, posters, awards lectures (e.g. Hackett Memorial Award Lecture), and plenary/debate presentations are not included in this limit. There is no limit to the number of times an individual may be listed as a non-presenting author on a brief oral paper. While there is no limit on poster submissions, if an individual has multiple posters accepted for which they are the presenting author, they must select only one to present.
 - For CLP 2026, similar to CLP 2025, authors for brief oral paper and general session submissions have the option to select either an in-person or recorded presentation format. If selecting the latter, presenters will be expected to arrange for the recording of their presentation and share it with the Academy for incorporation into the meeting website. This option does not change the Academy's policy that all presentations accepted for presentation at the physical meeting in San Diego must be presented live, and that all virtual general session presenters and all presenting authors for virtual brief oral papers must register for the conference.
 - Each ACLP Special Interest Group (SIG), committee, and subcommittee can sponsor one abstract submission for CLP 2026. For more information, please see section on SIG/Committee Involvement.
 - All in-person sessions at ACLP 2026 need to meet standards defined by the Accreditation Council for Continuing Medical Education (ACCME) so that conference participants can receive CME credits for attending the sessions. To be CME-eligible, a session discussing controversial topics (unconventional, experimental, and/or relating to interventions that are not FDA-approved) must meet specific standards to ensure that the audience is receiving information in line with current scientific evidence. Based on ACCME regulations, Amedco (the planned ACCME-accredited co-sponsor of CLP 2026) has provided helpful guidelines in this document on how to ensure your abstract is CME-eligible. These are listed in the section titled “Continuing Medical Education (CME) Guidance,” which also includes excerpts from the ACCME web site describing their guidelines. If a submitted session is not CME-eligible but is assessed by reviewers to be of high quality and high relevance to the conference, authors may be contacted with the option to re-write the abstract to ensure CME-eligibility, or to present a virtual, pre-recorded talk. To give your submission the best chance of acceptance, we strongly recommend reading the Amedco guidelines and designing your abstract to be CME-eligible (see further content below).

SPEAKER'S AGREEMENT

The submission process will require you to agree to the terms of ACLP's [Speaker's Agreement](#) for CLP 2026. Please be sure you read and understand these terms and conditions and how they relate to ACLP's offer to you to present at the meeting. To present as a part of the conference, you cannot decline the agreement, nor can you selectively choose not to comply with the agreement in whole or in part.

REVIEW OF SUBMISSION PROCESS

The grading and scoring process begins immediately after the submission deadline and takes approximately two to three months depending on the number of abstracts submitted.

Please take extra care to make your abstract clear, rigorous, and engaging—it is the only information by which the Annual Meeting Committee can judge your work.

Some of the important criteria used by reviewers are:

- Interest to the C-L community and engagement with the meeting theme
- Contribution to the breadth and depth of the scientific program (originality of topics or ideas, including a diverse speaker panel, addressing inequities in healthcare, covering content not previously presented or published)
- Abstract strength, including organization and writing of the abstract
- Scientific rigor

THE SUBMISSION DEADLINE IS APRIL 1

All parts of a submission must be complete before the submission can be accepted for review. No exceptions will be made to this rule; the deadline is firm and will not be extended. It is the responsibility of the submitter to notify all co-authors or co-speakers of the requirement to complete disclosure reporting prior to this deadline, where applicable.

PLANNING YOUR SUBMISSION

There are eight submission categories, four of which are reserved for internal use only:

- General sessions (live/in-person or recorded); see [Appendix 4](#) for specific guidance on this submission type
- Brief oral papers (live/in-person or recorded); see [Appendix 5](#) for specific guidance on this submission type
- Posters; see [Appendix 5](#) for specific guidance on this submission type
- Preconference courses; see [Appendix 3](#) for specific guidance on this submission type
- *Invited plenaries [reserved]*
- *Invited general sessions [reserved]*
- *Invited preconference courses [reserved]*
- *Invited updates courses (virtual only) [reserved]*

For posters and brief oral papers, you must indicate if the submission involves a trainee. The trainee designation refers to students, residents, and medical fellows. To qualify as a trainee submission, a trainee must be the first author on the abstract, a substantial contributor to the work, and the presenter of the brief oral paper or poster submission at the ACLP meeting. The trainee must be at the trainee level at the time of submission.

CONTINUING MEDICAL EDUCATION (CME) GUIDANCE

Amedco is the planned Accreditation Council for Continuing Medical Education (ACCME) accredited co-sponsor of CLP 2026. Based on Amedco guidelines, there are strict limits on the presentation of live sessions that are not CME-eligible. Based on these guidelines and based on provision of continuing

education credits being a key meeting aim, abstracts that are not CME-eligible will not be accepted for in-person presentation at CLP 2026. If a submitted session is not CME-eligible but is assessed by reviewers to be of high quality and high relevance to the conference, authors may be contacted with the option to re-write the abstract to ensure CME-eligibility, or to present a virtual, pre-recorded talk. To give your submission the best chance of acceptance, we strongly recommend reading the Amedco guidelines (described and linked below) and designing your abstract to be CME-eligible. This is particularly important when a [controversial topic](#) (one that is unconventional, experimental, and/or related to [interventions that are not FDA-approved](#)) is involved.

Amedco Guidance:

- The session or paper cannot be *about* the controversial agent/treatment, but can be about the condition the agent/treatment addresses.
- Additional treatments must also be included, in addition to those of a controversial nature.
- Faculty must acknowledge and identify the content as controversial in nature and explain *why* that is the case.
- Content must provide evidence/arguments showing *both* sides of the debate around the agent/treatment.
- The content must be impartial, and the faculty/content cannot take a position of advocacy.
- Any recommendations must be strictly limited to Federal Drug Administration (FDA)/American Medical Association (AMA)/American Psychiatric Association (APA) approved or endorsed uses only.

ACCME Guidance on Dealing with Controversial Topics in Your CME Program (Excerpt from [ACCME website](#))

“There are many topics in the field of medicine that remain experimental, unproven and/or unconventional. It’s essential that clinicians are informed about the full range of approaches their patients may be using, and that CME is a place where clinicians can learn about and debate controversies.

Equally important, clinicians should be able to trust that accredited CME activities are evidence-based and balanced. As described in Standard 1: Ensure Content is Valid (see below), accredited CME providers are responsible for validating clinical content to ensure that education supports safe, effective patient care. This responsibility belongs to the accredited CME provider — whether the activity is directly provided or jointly provided.

To protect the integrity of accredited CME and of the clinician/patient relationship, all patient care recommendations must be based on evidence that is widely accepted within the profession of medicine, and all scientific research used to support patient care recommendations must conform to generally accepted standards of experimental design, data connection, and analysis.

Thus, CME providers need to develop activities that encourage free and rigorous scientific discourse — while ensuring that faculty do not advocate or promote unscientific treatments and that clinical care recommendations are based on established scientific consensus. When a CME activity includes information about an approach to diagnosis or treatment that is not generally accepted, it is allowable to facilitate debate and discussion about the approach, but it is not allowable to advocate for the test or treatment, or teach clinicians how or when to use it.

Several strategies can be utilized to facilitate discussion about controversial topics without promoting unscientific care recommendations in accredited CME activities:

- *Set firm parameters for faculty: explain that they can facilitate debate and discussion about controversial topics without recommending diagnostic or treatment approaches that have not reached scientific consensus or teaching clinicians how to use or perform those treatments or interpret those tests.*
- *Construct the activity as a debate or dialogue. Choose faculty who represent a range of opinions and perspectives; presentations should include a balanced, objective view of research and treatment options.*
- *Design the activity to teach about the merits and limitations of a therapeutic or diagnostic approach rather than how to use it.*
- *Identify content that has not been accepted as scientifically meritorious by regulatory and other authorities, or when the material has not been included in scientifically accepted guidelines or published in journals with national or international stature.*
- *Encourage faculty to clearly describe the level of evidence on which the presentation is based and to provide sufficient information about data (study dates, design, etc.) to enable learners to assess research validity.*
- *Clearly communicate the objectives of the activity to faculty and learners. For example, “This activity will teach you about how your patients may be using XX therapy and how to answer their questions. It will not teach you how to administer XX therapy.”*

Remember that your status as an accredited provider depends on your compliance with [Standard 1: Ensure Content is Valid](#), as well as with the other accreditation requirements.

You will become ineligible for accreditation or reaccreditation if your activities, or the activities or CME programs of your joint providers, promote treatments that are known to have risks or dangers that outweigh the benefits or are known to be ineffective in patient treatment.

Queries or complaints about content validity will be evaluated by qualified expert reviewers, our staff, and when necessary, committees of the ACCME. For more information, please see the [Process for Handling Complaints regarding ACCME-Accredited Providers](#).

We recommend that you periodically review [Standard 1: Ensure Content is Valid](#) to make sure that your process for planning, delivering, and evaluating activities includes effective strategies for validating clinical content.”

Standard 1, described above, applies to all accredited continuing education. The rule is listed below and can be found in full [here](#):

“Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

- 1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.*
- 2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.*
- 3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement*

with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.

4. *Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.”*

SUBMISSION TASKS

The system requires the completion of the following tasks:

Task	Applies to submission type	Comments
Speakers/Authors	All	At a minimum, first name, last name, professional degree(s), email, and role are required. The task allows you to issue an invitation to colleagues to complete their own profile.
Abstract	All	Within the abstract field, authors should make clear the purpose of their proposed session. Your submission is printed exactly as entered, so carefully proofread your final abstract before submitting it. [500-word limit <i>including references</i>]
Breadth and Depth Statement	All	See page 7 for full description [100-word limit]
Additional Questions	All	Attest that your work complies with ACLP’s publication rule. State whether a trainee (defined as someone in training at the time the abstract is due) is involved in your submission.
Alternative Acceptance	<ul style="list-style-type: none"> • Brief oral papers • Posters 	State whether you would accept an alternative method of presentation (for example, if submitting a brief oral paper, would you be open to a virtual brief oral paper presentation and/or to a poster presentation).
Case Report/Research Status	<ul style="list-style-type: none"> • Brief oral papers • Posters 	Declare if your submission is a case report, and the status of research data.
Learning Objectives	<ul style="list-style-type: none"> • Preconference courses • General sessions 	You must provide at least two learning objectives that are clear, measurable, and achievable. You may provide up to three. See Appendix 6

MOC Questions	<ul style="list-style-type: none"> • Preconference courses • General sessions 	<p>This year, Maintenance of Certification (MOC) questions will be collected in the system at the time of abstract submission. You must provide four (4) maintenance of certification (MOC) questions based on your learning objectives. Please read the references for advice on preparing your questions.</p> <p>See Appendix 7</p>
Disclosure Reporting	<ul style="list-style-type: none"> • All 	<p>All presenting authors must complete the financial disclosure reporting. This only needs to be done once for the meeting, per individual. Non-presenting authors listed on poster or brief oral paper submissions are not asked to complete the disclosure reporting.</p> <p>See Appendix 1</p>
ACLP Terms & Conditions	<ul style="list-style-type: none"> • All 	<p>See Appendix 2</p>

If you are missing information for your submission, the process will save what you have entered so far as long as you hit save, and you can return to finish it later by logging in to your submissions dashboard and clicking the title of the abstract. The system will hold your submission as IN PROGRESS until you return and finish all required reporting.

There are word count limits in every field throughout the process. If you attempt to exceed the limit, the process will prevent you from proceeding until you modify your entry to meet the limit.

The Task List in the submission portal will display each task that needs completion prior to submission. A task will appear with a green check mark when fully complete. If there is no green check mark, the task is incomplete, and your submission cannot be submitted. Once all tasks are complete, click "Save Submission." A saved submission that has all tasks completed by the due date will be considered complete and will go on to subcommittee review. If any items are missing at the close of the submission time frame, the saved submission will be discarded.

BREADTH AND DEPTH STATEMENT:

ACLP remains committed to creating a welcoming and respectful community that reflects a broad range of perspectives and experiences, and encourages authors to do both of the following:

1. Provide balanced information regarding presentation, including, but not limited to, how the topic affects communities with less representation in research or individuals from marginalized groups, as well as gaps in research, access, or outcomes.
2. Include speaker panels that reflect the breadth of our diverse Academy membership, with participation from speakers of differing identities, professional backgrounds, geographies, institutions, and career stages.

All submissions require a response to the following question (100-word limit):

How or why will your submission advance the breadth and depth of the ACLP 2026 meeting through topics presented and/or speaker panel?

SPECIAL INTEREST GROUP (SIG) / COMMITTEE INVOLVEMENT IN SUBMISSIONS

ACLP SIGs, subcommittees, and committees can be a wonderful way to generate ideas for Annual Meeting submissions and to form relationships with other ACLP members with similar interests. The Annual Meeting Committee encourages members within and across SIGs, subcommittees, and committees to work together to create and submit abstracts for the Annual Meeting.

For CLP 2026, each SIG, subcommittee, and committee may submit one abstract that is sponsored by their group, labeling the submission as such in the abstract subtitle (for example: “Abstract Title: A Submission Sponsored by the ABC SIG”). To ensure accountability for these submissions, each group leader must submit a form (sent separately to group leaders) by April 1, 2026, identifying which abstract their group is sponsoring and describing how that abstract is a product of their group’s work. If group sponsorship is listed in an abstract title outside of this process, the sponsorship subtitle will be removed. It is, however, permissible to credit a SIG, subcommittee, or committee within the body of an abstract, where appropriate, even if that abstract is not sponsored by the group.

SIG, subcommittee, or committee sponsorship will not automatically grant extra points during the scoring process. In other words, all abstracts will be evaluated with the same scoring rubric, regardless of whether they originated from within a SIG, subcommittee, or committee.

CO-SPEAKERS/CO-AUTHORS

The "Participants" task requires the involvement of your colleagues; the task offers the option of inviting your colleagues to complete the task directly.

To provide the greatest breadth of presenters at the meeting while keeping content quality high the following speaker presentation limits apply:

- Each general session can have a minimum of TWO (2) speakers and a maximum of FOUR (4) speakers.
- A single person may only be listed as a speaker on a total of THREE (3) general sessions and/or brief oral paper submissions, combined (e.g., a maximum of 2 general sessions and one brief oral paper). There is no limit to the number of times an individual may be listed as a non-presenting author on a brief oral paper. There is also no limit on poster submissions, though if an individual has multiple posters accepted for which they are the presenting author, they must select only one to present. When submitting a general session, please be sure to check with all potential co-authors to ensure that they are aware that they are being named as part of the session to help us maintain this limit. Following submission, authors found to be listed as a speaker on more than three submissions will be asked to remove themselves from one or more sessions.

IN-PERSON PRESENTATIONS

To maintain a consistent and high-quality experience across the ACLP Annual Meeting, speakers at any session not specifically labeled as recorded or virtual at the time of abstract acceptance are expected to present their work in-person. If a speaker knows that they will be unable to attend the Annual Meeting in person prior to the abstract submission deadline, the speaker should consider submitting their work as a recorded general session or recorded brief oral paper.

If a speaker’s work has been accepted as an in-person general session or brief oral paper session, but they subsequently find that they are unable to attend the meeting due to unforeseen circumstances, the speaker may choose from the following options:

1. The speaker may find another colleague to present their accepted session. If this is part of a general session, this may include another presenter in the general session or another colleague who was not listed in the general session submission.
2. If the session is a brief oral paper, the speaker may record their session beforehand, and it will be made available as part of the recorded brief oral paper sessions.
3. The speaker may withdraw their presentation.

Please note that the entirety of each in-person session must be presented in person. For example, if one of four speakers of a general session is unable to present their portion of the program in person, that individual may not record or live-stream their portion of the general session. Instead, a colleague must present that portion of the general session, or that portion must be removed from the general session.

APPENDIX 1: DISCLOSURE REPORTING

Amedco is the planned ACCME-accredited co-sponsor of CLP 2026 and, as such, requires compliance with all ACCME standards so that CME credits can be awarded for attendance at the sessions of the meeting. Disclosure reporting is required of every presenter, regardless of presentation type, or if live or recorded. Each speaker/author need to complete only one disclosure, regardless of how many submissions they submit and how many are accepted.

Submitters cannot complete someone else's disclosure reporting. Lead authors should add speakers to the participants' page to invite colleagues to individually complete their own disclosure reporting and then monitor the status of completion.

The system tracks disclosure reporting by using emails as a unique identifier. If you or a colleague receives more than one invitation to complete disclosure reporting, it is because other submitters have entered you using a different email.

Disclosure reporting requirements conform to ACCME's [Standards for Integrity and Independence in Accredited Continuing Education](#) published in December 2020. In basic terms, this is what is required of you:

- You are required to only disclosure financial relationships with "ineligible companies" (as defined by ACCME, below) and no other. If you must report, you must disclose all financial relationships of any amount; there is no minimum.
- You are no longer required to disclose reporting of any kind for your spouse/partner.
- The reporting period covers the 24-month period prior to you completing your declaration.
- Amedco will determine if your financial relationship(s) creates a conflict of interest and the appropriate method of mitigation. Mitigation may involve but is not limited to an independent review of the meeting content you directly or indirectly develop.

The ACCME defines ineligible companies as the following:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

If you have a financial relationship of any kind and of any amount in respect of any of the above, you must provide three data points:

1. The name of the company in this relationship
2. The nature of the company's business
3. The nature of the financial relationship

Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the

principal or named investigator even if that individual's institution receives the research grant and manages the funds.

You are not obliged to disclose the amount of compensation involved in your financial relationships.

Example disclosure statements: *ABC Company, Inc; device manufacturer; patent beneficiary, or XYZ Corporation; pharmaceuticals; shareholder.*

PRESENTER RELEASE AND CONSENT

All presenters are required to agree to the following CME release/consent:

Amedco is the anticipated ACCME-accredited co-sponsor of CLP 2026 and, as such, requires compliance with all ACCME standards so that CME credits can be awarded for attendance at the sessions of the meeting. To complete your abstract submission, you will be required to agree with the following CME Accreditation Attestations:

1. I have not and will not accept any honoraria, additional payments, or reimbursements directly from an ineligible company for my participation in this activity.
2. **Grant of Rights.** I hereby grant to ACLP an irrevocable, perpetual, and worldwide license to take all appropriate actions to fulfill Amedco's role in accrediting and/or hosting the educational activity for which I have contributed as a submitter or presenter, including the right to use, publish, display, broadcast, license or otherwise distribute the educational activity. In addition, I hereby grant ACLP permission to use and publish my name, credentials, affiliations, abstracts, and any other information relating to my presentation(s) in connection with the educational activity. This permission is for worldwide, royalty-free use in print and electronic mediums.
3. **Underlying Ideas.** I understand, and the ACLP acknowledges, that I retain my rights to the original ideas, data, and analyses reflected in my presentation and that I may freely discuss and develop them in other contexts. I agree that if I later use or present similar or related materials, including excerpts from the presentation itself, I will not in any way designate them as, or indicate that they are or were, endorsed, sponsored, or approved by ACLP; "from the ACLP;" or otherwise associated with the ACLP.
4. **Publicity.** I grant the ACLP and its licensees and assign the right to use my name, biographic material, voice, portrait, and likeness for the purpose of publicizing the educational activity and any presentation being used pursuant to the rights granted above.
5. **Compensation.** Unless explicitly agreed otherwise, I waive any and all compensation from the ACLP and its licensees or assigns for the grant or exercise of the rights granted above. I agree not to request and will not accept any honoraria, additional payments, or reimbursements directly from an ineligible company for my participation in this activity.
6. **Warranties.** I represent and warrant that nothing in my presentation violates or infringes any copyrights, trademarks, patents, or other property rights or personal rights of others, and either that (i) I am the sole author and owner of all rights in the presentation, including all materials included in the presentation, or (ii) to the extent my presentation includes materials that are not original to me, or in which all rights are not owned by me, I have obtained all necessary consents, including but not limited to relevant patient consents, necessary for the ACLP to use them as described above and will

provide any such consents in writing to the ACLP no later than 30 days before the start of the activity.

7. Indemnification. I agree to hold the ACLP and its members, officers, directors, employees, agents, licensees, and assigns harmless and indemnify them for any costs, claims, or losses whatsoever (including reasonable attorney's fees and costs) which may arise, in whole or in part, out of my participation in this activity or the exercise of any of the rights granted above.

APPENDIX 2: ACLP TERMS & CONDITIONS

You are required to read and acknowledge ACLP's Terms & Conditions for presenting at the annual meeting.

1. I have read and agree to the terms and conditions of the CLP 2026 [Speaker's Agreement](#).
2. I grant the Academy license to: (a) record my presentation; and (b) publish, distribute, and/or broadcast my presentation, in whole or in part, including via print and via the web. The Academy will ensure that any dissemination of my presentation by the Academy acknowledges me as the author; the Academy will be the copyright holder of the recording. Your intellectual property rights remain with you, and ownership is not transferred to the Academy by your agreement to being recorded.
3. If selected for the program, I agree that the Academy may publish my abstract and professional profile (as prepared by me) in all meeting-related publications, including the website, solely as determined by the Academy. Post-meeting, I may request the removal of my professional profile from the meeting website, however, I agree all materials requested by the Academy to upload to share with attendees are permanent contributions to the record of the meeting.
4. Every individual presenting at the in-person meeting in San Diego, CA, must be registered to attend in-person; no exceptions. For pre-recorded sessions, the presenting author must be registered for the meeting either virtually or in-person.
5. (Except posters): I agree to provide a handout (PowerPoint presentations, lecture notes/outlines, references, etc.) to the Academy ahead of the meeting for use by attendees as a learning aid during sessions and to do so in accordance with published deadlines.
6. Posters only: I agree to upload my final poster to the meeting website before the start of the meeting in accordance with the published deadline. To be considered for Academy poster awards, final versions of posters must be uploaded by **October 14, 2026**.
7. Preconference courses only: I agree to provide the Academy with a copy of my presentation for content review by **August 14, 2026**.

APPENDIX 3: GUIDANCE ON PRECONFERENCE SKILLS COURSES

Preconference skills courses are half-day courses (four hours) that promote the development and implementation of skills relevant to C-L Psychiatry. As these courses have an additional cost, attendees expect high-quality material with engaging and interactive experiences. In general, sessions target members who hope to develop expertise in a new area or to improve pre-existing skills. Courses may help participants to grow in various roles including clinician, educator, administrator, and/or researcher.

Structure of preconference skills courses for CLP 2026:

- An optional pre-recorded didactic component can be made available to participants prior to the live preconference course. A running time of no more than one to two hours is suggested for this content. Pre-recorded content should serve as background and preparation for the live skills session. Please be mindful of preparation time for attendees.
- The executive office is available to help in the production of preconference course recordings, or you may produce your own recording and provide it to ACLP for hosting and distribution in advance of the meeting. The pre-recorded component must feature exclusively the speakers that will be presenting the session live at the meeting and only content specifically related to the abstract.
- An alternative to a recording would be one to two hours of preparation work prior to the preconference skills course. Some course leaders may choose to have no preparatory work required for their participants.
- During the preconference course time (scheduled for Wednesday morning, November 18), each course will have four hours allotted for live engagement with course participants. We encourage facilitators to maximize active learning and engagement during this time.

A well-written abstract:

- Makes clear the relevance of the content to consultation-liaison psychiatry.
- Describes what skills will be obtained by the end of the course.
- Outlines how facilitators will use their time (both through the pre-recorded didactic material and the four-hour live session).
- Describes how leaders will impart their learning objectives.

Submissions for skills courses will be reviewed and rated on:

- Relevance to C-L Psychiatry.
- Ability to disseminate skills that are important for functioning within our field.
- Anticipated level of audience engagement and learning.

Each preconference skills course should be delivered by a minimum of two and no more than **five facilitators in total**; trainees are not permitted to facilitate these courses. At least one speaker in each submission must be a current ACLP member. Courses with facilitators from multiple institutions are preferred, with the aim of reflecting a variety of perspectives. We discourage individuals from submitting both a preconference skills course and a general session abstract with similar content.

Facilitators may only participate in one preconference skills course at the annual meeting and are expected to be present for the entire four hours of the course. Individuals may be part of more than one submission. However, **if a facilitator is on the faculty of more than one ACCEPTED course, they will need to choose one course for participation and identify replacement(s) as needed for the other course(s).**

It is encouraged that the lead speaker be a mid- to senior-level faculty who is a recognized expert in the field.

All speakers must register for the meeting. Preconference course speakers will receive complimentary registration for the preconference skills course at which they are presenting.

Presentation slide decks are required to be provided in draft form for review by the Preconference Courses Subcommittee by **August 14, 2026**.

Example of a strong preconference course abstract submission that was accepted to CLP 2025:

[Innovating Safety: Addressing Hospital Violence in Vulnerable Patient Populations](#)

APPENDIX 4: GUIDANCE ON GENERAL SESSIONS

General sessions are 75 minutes long and cover topics or skills relevant to C-L Psychiatry. A minimum of two (2) speakers and a maximum of four (4) speakers is permitted for each general session. A well-written abstract makes clear the relevance of the content to C-L Psychiatry, what attendees will learn by coming to the session, and how the presenters intend to use the 75-minute session to meet their learning objectives. Most sessions are intended for general C-L psychiatrists, though abstracts targeted toward more specific audiences may be considered in rounding out the program. Given the ACLP's commitment to Diversity, Equity, Inclusion, and Accessibility, all abstracts should attempt to address inequities in the topic being presented, including but not limited to ways in which the topic impacts individuals from historically marginalized groups. Additionally, presentations on topics where more than one viewpoint may be held (e.g., reproductive health), multiple viewpoints should be presented in a respectful, evidence-based fashion. We encourage you to build speaker rosters that reflect the diversity of our Academy. Speaker diversity may include diversity of personal identity, geography, institution, and/or career stage. Proposals that promote only one institution, program, or commercial product, that do not have enough content to fill a 75-minute session, or that involve a single presenter reading a paper or lecture, are unlikely to be accepted. Our meeting attracts many repeat attendees; sessions that have been presented previously may be re-submitted but are likely to be scored higher if new aspects are incorporated and highlighted.

Applicants submitting a general sessions abstract will have an opportunity to choose either live (in-person) or recorded platforms to deliver their presentations. As noted in other sections, live presentations must be presented in-person in San Diego in full; it is not acceptable to have one or more speakers in a live presentation present via video stream.

When submitting your abstract, please include: 1) background about the theme of the session and its relevance to the conference audience, 2) a brief description of the content to be covered by each individual presenter in the session, 3) the approaches to adult learning and learner engagement that best fit the content, goals, and format of the session (i.e., live versus recorded), and 4) how the organization and timing of speakers will best represent the content for the session.

Examples of strong general session abstract submissions that were accepted to CLP 2025:

[Where Do We Go From Here? Understanding the Anti-DEI Movement and Igniting a DEI \(R\)Evolution through CL Practice and Education - a DEI Subcommittee Sponsored Workshop](#)

[Substance Use in Cancer Care: Innovative Psychiatric Approaches for Complex Needs](#)

[A Tale of Two Ketamines: Clinical Innovation and Controversy at the Intersection of Mood and Substance Use Disorders](#) (note: virtual presentation, not CME-eligible)

APPENDIX 5: GUIDANCE FOR BRIEF ORAL PAPERS AND POSTERS

1. Abstract Organization

The Academy recommends the following organization and section headings for abstracts for brief oral papers and posters. **To enhance anonymity in the review process, do not include author details in the body of your abstract.**

Maximum word count: 500.

Background/Significance: One or two sentences to share the context of your work and justification for your project, review, or case report. This brief introduction may include a highlight of what is known in the literature and a reason for why further knowledge or discussion is being sought.

Methods: For submissions related to studies, reviews, and programmatic innovations, describe what you did clearly and concisely. If applicable to your work, describe the study design (e.g., randomized controlled trial, cross-sectional survey, etc.), give subject details and how they were recruited, and explain what methods and statistical tests you used. There should be a statement about ethical (i.e., Institutional Review Board) approval if appropriate. For case reports, this section can be renamed **Case**, and it can include a brief description of the case that includes the relevant information that supports your discussion and point of view. As abstracts will be publicly accessible, please ensure that cases are not identifiable based on the abstract. It is your responsibility as the author to ensure that your respective institution's policies on privacy and patient consent have been followed.

Results: Describe in words your main findings. Address the statistical significance of your data, where relevant. *Note that, while the abstract is submitted with results in text form, we encourage alternate presentations for the oral paper/poster presentation at the meeting, including images, tables, graphs, and charts.* For case reports, this section can be omitted.

Discussion: Discuss your findings in a brief narrative. Explain the meaning of your results or findings, or say how they compare with what you expected, or how they compare with previously published work. For cases, you might consider interweaving elements of the case and previously published literature to demonstrate your point of view.

Conclusion/Implications: Give a summary of your conclusion(s) and the implications of your project or case, in as brief a narrative as possible.

References: Two to five references. Cite references in the body of your abstract text using the first author's last name and year (e.g., Levenson, 2011), however, in this section cite the full reference, e.g.:

Betul O, Ipek M: Brain tumor presenting with psychiatric symptoms. *J Neuropsychiatry Clin Neurosci* 2011; 23:E43-E44.

2. Trainee involvement and eligibility for Trainee Poster Award

To be considered a trainee poster (and be eligible for a Trainee Poster Award), a trainee must be the **first author** on the abstract, a substantial contributor to the work, and the presenter of the poster at the ACLP meeting. Trainee designation refers to students, residents, and medical fellows. The trainee must be at the trainee level at the time of submission. Please respond to the trainee involvement question if you are submitting a poster abstract, or if you are submitting a brief oral paper abstract with the option of being considered for a poster if not accepted as an oral paper.

3. Incomplete data

If you plan to present data that you are still in the process of collecting at the time of your submission, you will be asked to agree with the statement that you expect to have meaningful data to present by the meeting date. You should consider withdrawing accepted abstracts prior to the meeting date if you have not collected what you deem to be adequate data for presentation.

4. Previous Publication or Presentation Eligibility

Work published or accepted for publication before April 1, 2026, is not eligible for submission to this meeting. For work that is published or accepted for publication between April 1, 2026, and CLP 2026, authors will be asked at the time of publication acceptance to describe the information that supports its presentation at the meeting. Details on how to submit this information will be included in presenter information which will be provided in the summer.

For an abstract that has been accepted for presentation at another scientific meeting, or previously presented at another scientific meeting, you will be asked to describe the nature of the other meeting and explain what new information will be presented that supports acceptance for CLP 2026.

For abstracts accepted for presentation at CLP 2026 but published or presented before the meeting, details (e.g., journal citation or details of presentation) must be included in the poster or oral paper slides.

5. Relevance to C-L Psychiatry

You will be asked to agree that your abstract is of interest to C-L Psychiatry. Topics considered of high value to the audience or relevant to the meeting theme will be given priority.

6. Authors

Take care when entering authors/co-authors for brief oral papers and posters, as you are generally not permitted to make additions and/or substitutions, nor change the order of authors, after the submission deadline. An exception to this rule occurs if a presenting author for a poster submission has multiple posters accepted and requests to have other listed co-authors present all but one of them (as a given individual can be the presenting author on a maximum of one poster). Another exception occurs if an individual scheduled to present a poster or oral paper in person but has an unanticipated change that precludes travel. In this scenario, the presenting author designation can be assigned to another author associated with the submission. While these changes can be requested up to the week before the meeting starts, changes made after July 1 may not be reflected in the on-site program book or JACLP abstract publication.

7. Examples of strong poster abstract submissions that were accepted to CLP 2025:

[Pharmacologic Therapies for Neurorecovery and Disorders of Consciousness in the Intensive Care Setting: A Systematic Review](#)

[Models of Psychotherapy Consultation Services in Hospitals: A Review of Benefits, Challenges, and Implementation Strategies](#)

[The Development of Mood Disorders and Suicide Attempts following Acute Myocardial infarction: A Multi-Year Retrospective Trends Analysis](#)

8. Note the following deadlines for accepted posters:

- a. To be considered for a poster award, final posters must be uploaded by **October 14, 2026**.
- b. All posters must be completely uploaded by **November 16, 2026**.

9. Notes specific to brief oral papers

Brief oral papers provide an opportunity to deliver a brief presentation for dissemination of information related to a meaningful project, such as a survey or investigational study, or a review of programmatic innovation related to clinical care. They are the best place at the meeting to present original research and disseminate new developments in C-L Psychiatry. Meaningful literature reviews on a topic, with or without an included case, may be considered if the content is considered to contribute in an important way to the available literature. The topic must be considered relevant and specific to C-L Psychiatry.

Brief oral paper presentations are approximately 10-15 minutes in length, delivered by one speaker, and clustered into multi-paper sessions by theme. Presentations consist of a brief didactic learning format utilizing slides. At the live meeting, a discussant from the Annual Meeting Committee moderates the session and decides how the available discussion time will be apportioned.

Brief oral paper abstracts are graded according to their value in the following areas: clinical applicability, originality, scientific content, and overall quality.

There are a limited number of brief oral paper presentations. If the Annual Meeting Committee cannot accommodate your submission as a brief oral paper presentation but finds your abstract suitable for a poster presentation or a pre-recorded presentation, you may be granted one of these presentation options instead. At the time of submission, you will be asked which presentation types you would accept for a given abstract.

10. Examples of strong brief oral paper abstract submissions that were accepted to CLP 2025:

[Predictive Analytics for Psychiatric Consultation](#)

[Filtering for Equity: Addressing Inequities to Reduce Disparities in Nephrology and Medical Subspecialties](#)

[Indications, Safety, and Evidence Base for Intravenous Antipsychotics: A Scoping Review](#)

APPENDIX 6: TIPS FOR WRITING LEARNING OBJECTIVES

Learning objectives identify what the learner should know or be able to do at the end of a session. Objectives help focus the facilitator on how to help their learners and help focus the learner on what they are supposed to be gaining from a learning activity. To be most effective, learning objectives should:

- Reflect the knowledge or ability to be gained by the audience member
- Begin with an action verb that is measurable, and not contain any other verbs
- Follow the verb with a noun that is the object of the verb (e.g.: prepare documentation)
- Be concisely stated

Common issues to avoid in writing learning objectives:

- Describing what is taught (what the faculty member will do) rather than what is to be learned (what the audience member is learning)
- Describing the process (identify symptoms, interpret tests, generate a differential, construct a treatment plan) instead of the outcome (formulate a treatment plan)
- Selecting objectives at a higher level than learners will be able to perform at the end of the session (Too High: "Manage a patient presenting with anti-NMDA encephalitis" for a two-hour symposium covering typical features of six different etiologies of altered mental status. Better: "Recognize common presenting symptoms of anti-NMDA encephalitis")
- Selecting objectives at a lower level than learners will be able to perform at the end of the session (Too Low: "List three effective negotiation strategies for junior faculty" in a negotiation skills workshop that includes role plays and feedback. Better: "Employ effective negotiation strategies")
- Excessive verbiage, especially about how something is to be done
- Use of verbs that are not measurable, especially words like "understand" or "develop."

Some suggested action verbs by level of complexity:

Knowledge: Define, list, record, repeat

Comprehension: Describe, discuss, explain, express, identify, recognize, restate, translate

Application: Apply, demonstrate, employ, illustrate, interpret, operate, practice, perform, sketch, use

Analysis: Analyze, compare, contrast, criticize, debate, distinguish, experiment, question, relate, test

Synthesis: Arrange, compose, construct, create, design, formulate, organize, manage, prepare, propose

Evaluation: Appraise, assess, choose, evaluate, judge, measure, rate, revise, score, select, value

APPENDIX 7: ADVICE FOR WRITING GOOD MULTIPLE-CHOICE QUESTIONS

Modified by Badr Ratnakaran, 2023

The usual format for multiple choice questions is to pose a question in a *stem* and offer several (4-5) brief possible answers. One is the *key*, or correct answer, and the others—called the *distracters*—are plausible but incorrect.

Example

In 2018, the American Board of Medical Specialties approved a request by the Academy of Consultation-Liaison Psychiatry to rename the specialized area of psychiatry concerned with its application in the general medical setting to *Consultation-Liaison Psychiatry*. By which of the following was the subspecialty previously known?

- A. Psychosomatic liaison psychiatry
 - B. Psychiatry in the medical setting
 - C. Liaison psychiatry
 - D. Medical psychiatry
 - E. Psychosomatic medicine
-
- A. Psychosomatic liaison psychiatry
B. Psychiatry in the medical setting
C. Liaison psychiatry
D. Medical psychiatry
E. Psychosomatic medicine

Overall, the question should

- Test important materials related to C-L Psychiatry
- Be appropriate to the level of training
- Be supported by data or references

The stems should

- Be focused on a problem/concept, and be clear and concise
- Contain the majority of information of the concept being tested
- Lead to only one possible answer
- Be positively phrased
- Avoid irrelevant material or verbiage

The distracters should

- Be incorrect but as plausible as possible
- Be short and to the point
- Be independent (i.e., one cannot deduce the correct answer through process of elimination, for example by noticing the similarity between possible answers or by noticing that two possible answers contradict one another)
- Be free of vague quantifiers such as "usually," "mostly," "rarely"
- Avoid "always," "never," "all of the above," or "none of the above"
- Be similar in content, length, and grammar
- Not contain made-up facts or terms
- Avoid partially correct information compared to the key

The key should

- Be correct and clearly connect to the stem
- Not be immediately distinguishable from distracters (e.g., should not contain key words from the stem, and should not differ in length or detail when compared to distracters)

Other general guidelines

- Avoid stereotyping language based on age, race, ethnicity, gender, sexual orientation, country of origin, religion, disability, or physical attributes.
- The stem should be able to be answered as a standalone question. The quality of the stem can be assessed by covering the multiple-choice options and checking if the question can be answered without the distractors or key.
- Abbreviations should be expanded when they first appear in the question.

References

- Boland RJ, Lester NA, Williams E. Writing multiple-choice questions. *Acad Psychiatry*. 2010 Jul-Aug;34(4):310-6.
- Coughlin PA, Featherstone CR. How to Write a High Quality Multiple Choice Question (MCQ): A Guide for Clinicians. *Eur J Vasc Endovasc Surg*. 2017 Nov;54(5):654-658.
- DiSantis DJ. A Step-By-Step Approach for Creating Good Multiple-Choice Questions. *Can Assoc Radiol J*. 2020 May;71(2):131-133.

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What are the main deadlines?

All deadlines close at 11:59 PM US Eastern Time

- Abstract submission interface opens: March 2026
- Abstract submissions close: April 1, 2026
- Acceptance notifications sent to authors: June 2026
- Notification of session scheduling within the meeting: late June 2026
- Meeting registration opens: early to mid-July 2026
- Meeting registration deadline for presenters: August 3, 2026
- Preconference course slide decks due to Preconference Courses Subcommittee: August 14, 2026
- Early registration ends: August 31, 2026
- Deadline for withdrawing a presentation or updating presenting author designation: October 1, 2026
- Deadline to upload virtual/pre-recorded sessions: October 2, 2026
- Deadline to upload posters for consideration for poster awards: October 14, 2026
- All posters uploaded: November 16, 2026
- All meeting slides and handouts uploaded: October 30, 2026

Is CLP 2026 going to be remote or in-person?

CLP 2026 will take place in-person Nov 18-21, 2026, in San Diego, California. We will also be accepting a limited number of recorded general sessions and recorded brief oral paper presentations which will be posted online in addition to the live sessions. Please read the submission types carefully to determine what type of presentation you want to propose.

Do I need to be a current ACLP member to submit an abstract?

No.

Do I need to create an account to submit an abstract?

If you do not already have an account with ACLP, you will need to create an account to submit an abstract. If you are a member, or previously submitted an abstract for the 2025 meeting, you should use that account. If your email has changed, please reach out to info@clpsychiatry.org to update it.

I submitted an abstract but now I need to change it.

You can make changes to a submission at any time before the submission deadline. Simply log back into the submissions dashboard by using your username and access key, and then click on the title of the submission you want to edit. Click on "Save" or "Continue" once your edits are done. On the main task list, click "Save Submission" to ensure your edits are recorded.

For general sessions & preconference workshops: If a presenter is being added, please remember that the new presenter must complete—by the submission deadline—all profile and disclosure reporting tasks for the submission to be complete.

I want to withdraw my submission.

If prior to the submission deadline: To withdraw a completed submission, log in to the submission dashboard. Next to the proposal title you will see the word “withdraw;” click on that. It will ask you

again to confirm that you want to withdraw. You will still be able to restore the submission if you choose to do so, but you will need to resubmit the abstract. If you need to withdraw after the submission deadline, please fill out [this form](#).

You are not required to withdraw an incomplete submission, as these are discarded automatically when the peer review process starts.

When is the withdrawal deadline?

October 1, 2026. After this date, we cannot guarantee removal from the on-site program book.

Can I insert tables, charts, and/or graphs in my abstract?

No. The submission process lacks the capacity to handle this form of data presentation. For the most part, you are restricted to basic text.

I could include only one affiliation per author. Is there a way to indicate a second affiliation?

The submission process only accepts one affiliation per profile; please use the primary affiliation for each person. If you include more than one affiliation in the text box provided, Academy staff will edit out all except the first that appears.

Does each speaker/author connected to a submission need to file a separate disclosure?

Only speakers/presenters are required to fill out a disclosure form. Co-authors who are not presenting are not required to fill out a disclosure. The lead speaker is responsible for ensuring all presenters are listed on the "Participants" page and confirming that each presenter has completed disclosure reporting prior to submitting the abstract. The abstract cannot be fully submitted until all disclosures have been received.

The deadline is in 30 minutes, and I just realized that some of the participants haven't filled out their disclosure forms! What should I do?

As the review process starts within days of the submission deadline, all participant reporting must be complete by the stated deadline. No exceptions will be made. As an incomplete submission cannot move forward to the review stage, the Annual Meeting Committee recommends ensuring that all aspects of your submissions—including disclosure reporting—are complete well in advance of the submission deadline.

Are references included in the 500 maximum words of the abstract?

Yes, references are part of the abstract and count against the 500-word limit. The title and learning objectives do not count toward the word limit.

Should I include the names and affiliations of all the speakers/authors in the abstract?

No. The speaker/author profiles are linked to your submission, and this data does not need to be included in the body of the abstract.

I am a Webb Fellow and am expected to present an oral paper at the annual meeting. Do I need to submit an abstract through the abstract submission process?

Yes. For your brief oral paper presentation to be included in the program scheduling that occurs in June, your presentation abstract must be submitted in the general call for abstracts. It is important to precede your presentation title with "WEBB FELLOW:" to distinguish it from regular submissions. Make sure you select the live (in-person) brief oral paper submission type for your abstract.

The data for my abstract is still being collected/collated/analyzed and will not be complete until after the submission deadline. Will my abstract be accepted?

If your data is not yet available, acknowledge that fact clearly in your abstract, along with a statement of when you expect full data collection to be complete. Your submission will still be eligible for acceptance and will be held to the same standards as other abstracts for review. Please note that if accepted, the abstract will be published as submitted with the incomplete data.

Do I need to submit maintenance of certification (MOC) questions with my submission?

Yes. This year, we will collect four MOC questions for each general session or preconference course at the time of abstract submission. Oral papers and posters are not required to submit MOC questions.

Can I submit a presentation as both a preconference course and as a general session for the main program, with the intent of modifying the content depending on where it is accepted?

Yes, however, you will need to file each separately, as the peer review subcommittees are separate for these two components of the meeting. To optimize your chances of abstract acceptance, we recommend ensuring that each abstract is appropriately tailored to its submission type.

I am a resident physician, psychologist, advanced practice provider, or social worker and want to submit a general session in conjunction with a peer. Do we need to have an attending physician associated with the submission?

For most submission types, there is no requirement that a physician or attending physician be part of a session submission. An exception occurs for preconference courses, in which trainees are not allowed to be presenters.

My submission was declined; can I request feedback on the reasons? Who should I ask about this?

Unfortunately, due to the high volume of submissions, we are unable to provide specific feedback on individual abstracts. We encourage you to submit again in subsequent years and to seek feedback on individual abstracts from mentors in your institution and/or through ACLP networking and mentorship opportunities offered throughout the year.

I forgot to add someone as a co-author to my abstract when it was originally submitted; can I add someone after the submission deadline?

No. You must ensure that all authors are correctly listed at the time of submission. ACLP will not add co-authors after your abstract is accepted. A change in presenting author designation may be requested after acceptance under certain circumstances, for example if an individual has multiple posters accepted for which they are the presenting author.

I'm the presenting author for a brief oral paper and unexpectedly can't attend the meeting; can I substitute a co-author on the paper as presenting author?

Yes, but only a co-author already associated with the submission; you cannot add a new co-author after acceptance. Once the meeting website is established, presenting authors can log in and change presentation roles. Depending on the timing of this request, the new presenting author may not be updated in the printed program. Note: The presenting author is always the corresponding author for all ACLP communications and tasks. If no authors for an abstract can attend the meeting to present, regrettably, it must be withdrawn.

I know I cannot attend the meeting in-person; can I record my presentation, or somehow present virtually?

ACLP offers options for recorded general sessions and brief oral paper presentations. Submitters must select their preference for presentation format (in-person vs. pre-recorded) at the time of submission. The format (in-person versus pre-recorded) typically cannot be changed after acceptance. With rare exceptions made for unforeseen circumstances, all sessions accepted for presentation at the physical meeting in San Diego must be presented in person at the meeting venue. If no authors for an abstract

that has been accepted for a live presentation can attend the meeting to present, regrettably, it must be withdrawn.

Do I need to register for the meeting before I file a submission?

No. Registration for the meeting will not be open at the time of abstract submission.

Do I need to register for the meeting if my submission is accepted?

Yes, if you are presenting a general session or preconference course, or if you are the presenting author for a poster or brief oral paper, you will need to register by August 3, 2026. If you are a co-author for a poster or brief oral paper, you are encouraged to register for and attend the meeting, but you are not required to register if you do not plan to attend.

If you are presenting your submission in-person at the meeting venue, you must register under the appropriate live/in-person registration categories; you cannot register for the virtual version of the meeting if you are attending any part of the meeting in-person.

If your submission is accepted as a recorded presentation (including update courses), you may register for either live/in-person (if you plan to physically attend the meeting) or virtual versions of the meeting.

A one-day only rate is available for the in-person meeting if you only wish to deliver your presentation and not participate in the rest of the program. There is no equivalent one-day-only rate for the virtual version of the meeting, and you must register at the applicable rate. Registration fees and procedures will be published on the meeting website in July.

Does ACLP accept late-breaking submissions?

ACLP is not accepting late-breaking submissions for CLP 2026.

Can I present at ACLP on controversial topics or interventions that are not FDA-approved?

It is permissible to write about controversial topics or interventions that are not FDA-approved, however, close attention must be paid to ACCME guidelines in these areas, as these types of topics may lead your presentation to not be eligible for accreditation by Amedco. Please see sections earlier in this document for full details.

Do I need to submit a patient consent form if I am submitting a case report?

No. However, as abstracts will be publicly accessible, please ensure that patient cases are not identifiable based on the abstract. It is your responsibility as the author to ensure that your respective institution's policies on privacy and patient consent have been followed. If you are discussing a case in a general session, preconference course, or brief oral paper, it is similarly critical to ensure that the case is not identifiable in the abstract or in the session content (which will be recorded throughout the conference).

Can I include a QR code on my poster to direct readers to supplementary materials?

Yes.

What is ACLP's embargo policy?

ACLP does not operate an embargo policy on any meeting content for CLP 2026.

What is ACLP's publication rule?

Work published or accepted for publication before April 1, 2026, is not eligible for presentation at the meeting.

For an abstract accepted for presentation at another scientific meeting, or previously presented at

another scientific meeting, you must describe the nature of the other meeting in your abstract and provide new information to be presented that supports your abstract's acceptance for CLP 2026.

Note: For abstracts accepted for presentation at CLP 2026 and subsequently published, presented, or accepted for publication before the meeting: details, e.g., journal citation or details of presentation, must be included in the poster or brief oral paper presentation slides.

Are encore abstracts accepted?

See ACLP's publication rule above.

I published a paper last year in XXX journal; it has not, so far, been presented at a meeting. Can I submit it as an abstract?

No, since this conflicts with our publication rule.

I am scheduled to present my submission at a meeting being held a couple of months prior to the Academy's meeting - can I submit to CLP 2026 as well?

Only if you have new data or findings to present at the ACLP meeting that updates your original work. Simply submitting the same presentation is not permitted.

I have submitted my work for presentation at another meeting, but it hasn't yet been accepted, nor will I know if it will be accepted by CLP's submission deadline. Can I submit the same work for the CLP meeting? Yes, with the proviso that, should your submission subsequently be selected for presentation at the other meeting, withdraw it, or withdraw your CLP submission. You should only present your work at one meeting.

I would like to present an abstract at the meeting, but NOT have it published in the journal, or NOT have the presentation PowerPoint made available to attendees.

The science presented at ACLP is publicly accessible. All slide presentations are posted in the meeting app and on the meeting website and made accessible to all attendees. It cannot be retracted once it is uploaded. Do not include unpublished work in your presentation if you do not want it shared with attendees and found online. ACLP cannot guarantee the confidentiality or privacy of work shared at our meeting, nor control its dissemination once presented. Please do not submit an abstract if you do not wish your work to be shared with attendees and made publicly available.

When will I be notified of the acceptance or rejection of my proposal?

Acceptance notification emails are typically issued in June. The presentation schedule is typically published in July.

Can a general session, oral paper presentation, or poster be industry-sponsored?

No.

Are abbreviations permitted?

Yes. Please define the abbreviation the first time you use it.

Is there a submission fee?

No.

What is the deadline for changing presenters?

Presenters can be changed at any time before the submission deadline. After the submission deadline, presenters may not be changed unless changing the presenting author designation (for example, if an individual has multiple posters accepted for which they are the presenting author). While these designation

changes can be made at any time, be aware that the program book and journal publishing may not reflect the change if it is made after October 1, 2026.

Should clinical trial details be listed at the end of the abstract (e.g., trial registry name, registration number, URL)?

Please indicate in the abstract that the trial was registered (if this is the case). Detailed information should be included in the presentation but is not necessary for the abstract.

Is UK or US spelling preferred?

Either is acceptable if it is consistently applied throughout the abstract.

Is an ethics statement required?

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No. A separate conflict of interest declaration is required for each author (see [Appendix 1 Disclosure Reporting](#) earlier in these instructions).

Are references permitted?

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