**The Midwest Regional Conference on Palliative & End of Life Care**

**October 19-21, 2025**

**Wyndham Executive Center**

**Columbia Missouri**

Sponsored by

Missouri Hospice & Palliative Care Association

and our Mid Missouri Area Hospices

**PRESENTATION PROPOSAL APPLICATION**

You are invited to share your expertise at our 2025 Annual Conference. The continuing education program at the Midwest Regional Conference offers one of the most comprehensive programs on end-of-life care in the Midwest. The goal of the conference is to provide cutting-edge knowledge and innovative, replicable, and affordable ideas to providers of end-of-life care.

**DEADLINE** – April 1, 2025 all attached forms must be completed and submitted to MHPCA by the deadline date to be considered as a speaker for the End-of-Life Conference.

The Midwest Regional Conference Education Committee invites interested individuals to be involved in the conference as a workshop presenter and to share their knowledge, creative ideas and success stories with attendees from across Missouri, Kansas, Iowa, Nebraska, Illinois and Oklahoma. Presenters who are selected will have the opportunity to increase their visibility in the industry, contribute to the professional development of their colleagues, and impact the delivery of end-of-life care.

***\*\*\*\*\*The primary presenter will be waived conference registration for the day of their presentation.*** **Registration fees are not waived for a secondary presenter**.

**Selected Presentations**

The primary presenter will be notified by **May 2025**. **The primary presenter** for each selected presentation will be responsible for:

* completing additional information for workshop as required by CME and CEU accreditation provider.
* providing biographical narrative to be used to introduce presenter(s).
* including the required workshop handout or PowerPoint (which must include a bibliography for the conference syllabus), to be delivered to MHPCA no later than **July 1st, 2025**.
* **Maximum # of pages for sessions: 60-minute – 10 pages + bibliography (for PowerPoint presentations, please have three slides per page for purpose of printing); 90-minute – 12 pages + bibliography.** **Additional handouts or reproduction of article(s) is the responsibility of presenter**. Note that text in Power Point presentations **should be of a large enough font size to be read from the back of a large conference room**. **Do not add multiple photos in PowerPoints to be printed for attendees.** We are unable to send large presentations to attendees. You can use those on your PowerPoint to present but we must reduce size to print and send to attendees.
* **Please send us your presentation you will use during the training and ONE for what you want to send to attendees to print.**
* **Secondary presenters will need to pay for their conference registration**. Primary presenter is no charge for the day of speaking. Additional days can be registered for on the MHPCA website if you would like to attend conference.
* **If you are chosen to speak, please do NOT bring laptops to conference**. We have laptops connected to the hotel AV. To change our equipment causes undue time and grief. You are welcome to bring a flash drive with your presentation and any updates.
* **All presentations submitted must be at intermediate or advanced level of education.**
* **PLEASE do not use company or personal logos on your presentation.**

**Conference Purpose**

The Midwest Regional Conference on Palliative and End of Life Care seeks to provide education for a multidisciplinary group of health care professionals to increase the quality of palliative and end of life care.

**Conference Offerings will include:**

Pain Management/Palliative Care

Management Track

Clinical Track

Psycho-Social Track

Volunteer/Volunteer Coordinator Track

Spiritual Care Track

Multi-Discipline Track

**Conference Goals**

* Improve standards of practice through education of professionals and non-professionals involved in providing palliative and end of life care;
* Improve access to appropriate palliative and end of life care through the alignment of individualized needs with available care; and
* Stimulate dialogue on ethical issues related to palliative and end of life care.

**Conference Objectives**

Participants will be able to:

* Describe and apply tools used to identify patients appropriate for palliative and end of life care.
* Use effective pain and symptom management medications and treatments to improve outcomes.
* List communications tools to improve difficult and painful discussion of end of life concerns, and apply to practice;
* Recognize importance of coordination of care when multiple providers are involved, and utilize coordination of care in the clinical setting; and
* Examine current policies and regulations for providers of palliative and end of life care.

Midwest Regional Conference on Palliative and End of Life Care

October 27th-29th, 2024

Oasis Convention Center and Hotel

**PRESENTATION PROPOSAL APPLICATION -- Deadline April 1, 2025**

A Presentation Proposal Application must be completed for each proposal submitted.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Presenter: |  | | | | | | |
| Organization: |  | | | | | | |
| Position Held/Title: |  | | | | | | |
| Address: |  | | | | | | |
| City: |  | State: |  | | | Zip: |  |
| Email Address: |  | | | | | | |
| Phone: |  | | | Fax: |  | | |
| Title of Presentation: |  | | | | | | |
| (10 words or less) | | | | | | | |
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|  | | | | | | | |

Please list the names and titles of all additional presenters. All correspondence from MHPCA will be directed to the primary presenter. *It is the sole responsibility of the primary presenter to communicate with other presenters.* All presenters are required to provide biographical information and speaker disclosure forms.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Secondary Presenter: |  | | | | | | | |
| Organization: |  | | | | | | | |
| Position Held/Title: |  | | | | | | | |
| Address: |  | | | | | | | |
| City: |  | State: |  | | | Zip: |  | |
| Phone: |  | | Fax: | |  | | | |
| Email Address: |  | | | | | | | |
|  |  | | | | | | | |
| Secondary Presenter: |  | | | | | | | |
| Organization: |  | | | | | | | |
| Position Held/Title: |  | | | | | | | |
| Address: |  | | | | | | | |
| City: |  | State: | |  | | Zip | |  |
| Phone: |  | | | Fax: |  | | | |
| Email Address: |  | | | | | | | |

**Abstract of Proposal.** *Type within the box below*. The abstract will be used by registrants to select sessions (approximately 25 words).

**Workshop Objectives:** At the conclusion of this presentation, participants:

**Education level that best describes your target audience:**

Intermediate Advanced\*

(\*Advanced level sessions would be expected to be more discipline appropriate.)

**Identify the TRACK most appropriate for your presentation:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Clinical |  | Pain Management/ Palliative Care |  | Psycho-Social |  | Spiritual Care |
|  | Multi Discipline |  | Management |  | Volunteer/Vol. Coordinator | | |
|  | Other (please indicate an appropriate track) | | | | | | |

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| Audio Visual Equipment Needs | |  | | | | |
|  | | | | | | |
| Time Format (indicate preference) |  | 60-minute |  |  |  | 90-minute |

**AXIS MEDICAL EDUCATION INC.**

**APPLICATION FOR JOINT PROVIDERSHIP FOR CONTINUING EDUCATIONAL ACTIVITIES**

**SUBMITTER’S INFORMATION**

*This application should be completed and submitted by one member of the program planning committee and should pertain to the activity as a whole. It should not be completed by individual faculty pertaining only to their session(s).*

Full Name:

Organization:

City/State:

Email:  
Phone:

**ACTIVITY TYPE**

O In‐person, live activity single agenda 1 day

O In-person, live activity single agenda on multiple days (no concurrent sessions)

O In-person, live conference 2 or more concurrent tracks 1 day

O In-person, live conference 2 or more concurrent tracks multiple days

O One‐hour and a half, live webcast

O One‐hour, live audio conference

**Is COMMERCIAL SUPPORT being accepted for this activity?**

O No  
O Yes  
*Please Note: If commercial support is being accepted for this activity, AXIS’ Letter of Agreement (LOA) must be completed and returned with this application. Please contact AXIS for a copy of the LOA.*

**EDUCATIONAL GAPS**

Educational gaps are the difference between what the learner should know but doesn’t. In other words, why is your program educationally necessary? Please list your activity’s educational gap(s) below.

**Example:** Recent government regulations have changed the way physicians need to perform XYZ exams. However, there are currently no educational courses available to provide them with the new regulations, making it difficult to be in compliance.

*Please Note: Educational gaps are not learning objectives, not topics, not agenda items, or descriptions of your program. Therefore, please do not list that information below. Only the activity’s educational gaps should be listed.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Education Gap*** | ***Current Practice*** | ***Best Practice*** | ***References*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**DISCLOSURE INFORMATION**

Disclosure information must be obtained from all faculty/moderators and program planning committee members. AXIS’s disclosure form must be used and will be provided.

***The below items I–VIII may be submitted on a draft announcement/invite. DRAFT electronic announcements/invites are acceptable but must NOT be launched without AXIS approval.***

**I. ACTIVITY TITLE**

**II. ACTIVITY DATE(S)**

Start Date: Oct 20, 2025

End Date: Oct 21, 2025

*Please Note: Your activity date must be at least 60 days out from the date in which AXIS receives your completed application.*

**III. ACTIVITY LOCATION** – City/State (if applicable): Or enter webinar or audio conference Columbia Missouri

**V. ACTIVITY OVERVIEW**

*Please list a description of your activity.*

**VII. LEARNING OBJECTIVES**

What is/are the activity learning objective(s)?

*Please Note: Your attendee will evaluate these learning objectives to see if they were met.*

**1.**

**2.**

**3.**

**4.**

**VIII. TARGET AUDIENCE**

This activity would most likely appeal to those interested in and/or the activity’s content would best apply to the following fields of medicine:

**IX. SPEAKER(S) Name, credentials, and brief bio sketch**

**COMMENTS**

Please use the following space for any comments you wish to relay to us regarding your activity.

**ADDITIONAL REQUIREMENTS**

Should your application be approved, AXIS will guide you on how to meet the following requirements:

✓All activity promotion and recruiting materials, e-mails, and advertisements must be reviewed and approved by AXIS before distribution to potential participants. AXIS will provide all required disclosure, disclaimer, and ADA statements. Please be sure your design templates have room for these additions. They are requirements. In the electronic format, links/tabs/hover overs may be used.

✓Peer review for clinical accuracy and commercial bias are required for all educational content, either directly by AXIS or through an expert network of professionals.

✓We will provide you with instructions for the attendee regarding the claiming of CE, as well as conducting the evaluation process and relaying financial disclosure information to the audience.

✓A comprehensive list of on‐site and post-activity requirements will be sent to you if the application is approved.

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**AXIS Medical Education**

**CONFLICT OF INTEREST REPORTING FORM**

**Must be completed by each speaker including secondary speakers**

To comply with the Criteria and Standards of Joint Accreditation, AXIS Medical Education, Inc (AXIS) requires all faculty, presenters, speakers, authors, reviewers, planners, managers, staff, and freelancers (non-faculty) who are in a position to control content to disclose all financial relationships with an ineligible company using this document on an annual basis. A conflict of interest (COI) exists when individuals have both a financial relationship with an ineligible company and the opportunity to affect the accredited continuing education content of an activity that relates to the product or services of that ineligible entity. The Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) each hold the provider of accredited continuing education responsible for collecting information from its faculty, presenters, speakers, authors, reviewers, planners, managers, staff, and freelancers of CE content and mitigating those conflicts prior to participating in the control of any content. The intent of the COI mitigation process is to ensure that provider, faculty, and planner financial relationships with ineligible companies and resultant loyalties do not supersede the public interest in the design and delivery of CME/CE activities for the profession.

**Criteria for Disclosure of Conflicts of Interest**

Faculty, presenters, speakers, authors, reviewers, planners, managers, staff, and freelancers who affect the content of a CE activity are required to disclose to AXIS all financial relationships or relationships to products or devices they have with all ineligible entities over the previous 24 months. ***An ineligible company is defined by the ACCME, ACPE, and ANCC as any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients****.* For specific examples of ineligible companies visit accme.org/standards*.*

Name of Reporting Individual:       Email address:

Title of CE Activity:

I am a/an:  Chair/Faculty/Author  Planner/Manager  Reviewer  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NPI Number        I do not have an NPI Number Primary License State      State License Number

|  |  |  |
| --- | --- | --- |
| ***Type of Financial Relationship***  ***WITHIN THE PREVIOUS 24 MONTHS***  Please disclose all financial relationships that you have had in the past 24 months with ineligible companies (see definition above). For each financial relationship, enter the name of the ineligible company and circle the nature of the financial relationship(s). **If your financial relationships change at any time after you complete and sign this form, please notify AXIS immediately.** | ***Indicate Applicable Manufacturer(s)/Company***  ***WITHIN THE PREVIOUS 24 MONTHS***  There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. **You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.** | **Has the Relationship Ended?**  If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the  education staff determine if any  mitigation steps need to be taken. |
| Please circle the financial relationship you engage in with ineligible companies: Serve(d) as a director, officer, partner, advisor, consultant, or trustee for: |  |  |
| Serve(d) as an employee for an ineligible company (e.g., pharmaceutical company): |  |  |
| Serve(d) as a speaker/member of a speaker’s bureau for: |  |  |
| Received research grant from: |  |  |
| Have a 5% or greater equity interest in: |  |  |
| Received income in any amount to do \_\_\_\_\_\_\_\_\_\_\_from: |  |  |
| Contracted Research: Only include research funds received directly from industry; grants to your institution are reportable only when you are the person or named investigator on the grant. |  |  |
| Ownership Interest (stocks, stock options, or other ownership interest, *excluding diversified mutual funds*) |  |  |
| Other. Please specify: |  |  |

 In the past 24 months, I have not had any real or apparent financial relationships with any ineligible companies.

I attest that the above information is correct as of the date of submission. Date of Submission:

Signature of Reporting Individual:

**Presentation Proposal Application**

**CHECK LIST**

**Make sure you have completed everything in the check list prior to submitting!**

1. Presentation Proposal Application Information
2. Abstract of Proposal/Workshop Objectives
3. Axis Medical Education Inc/ Application for Joint Providership for Continuing Educational Activities.
4. Conflict of Interest Reporting Form. **Be sure to complete this form to submit with your application.**
5. **Please submit your Bio on a separate word document with your application**.

**All pages must be filled out and submitted by the April 1st, 2025, deadline** for proposal to be considered for inclusion. Please attach files and email to info@missourihospice.org.