 Health Facility Institute’s

35th Symposium

For Training Health

Facility Project Professionals

 April 13 – 16, 2025

**9939 Universal Boulevard**

**Orlando, Florida 32819**

**Application to Present *(please complete all fields on the form and submit by, or before, November 1, 2024).***

***Innovations in Healthcare: Enhancing Patient Safety and Care***

***The Health Facility Institute provides educational programs for our attendees requiring all presentations to be educational in nature. No marketing for any particular company or individual is accepted. HFI reserves the right to reject any presentation based on this premise.***

**Speaker 1** *(required)*

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Title: | | |
| Company: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |
| List your professional affiliations: | | |
| List your speaking experience: | | |

**Speaker 2** *(complete if needed)*

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Title: | | |
| Company: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |
| List your professional affiliations: | | |
| List your speaking experience: | | |

**Speaker 3** *(complete if needed)*

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Title: | | |
| Company: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |
| List your professional affiliations: | | |
| List your speaking experience: | | |

**Length of Presentation:** **60 minutes maximum**

(***ALL*** *presentations are limited to a* ***maximum of 60 minutes****.* *Presentation time includes introductions and Q&A. Formal introductions, and presentation should be a minimum of 45 minutes in length.* ***Please plan accordingly****.*

|  |
| --- |
| **Presentation Title:** |
| **Synopsis of your presentation** *(please limit to 300 words)***:** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AIA Course Reporting:**  **IMPORTANT PLEASE READ: If your course is selected, it will be submitted for review by AIA for CEU LU and/or CEU HSW. When qualifying your course, the following MUST be provided in order to submit your course:**  **REQUIRED AIA Key Learning Objectives *(minimum of four required****)* ***Please Note****: Your presentation should seek to achieve the AIA health, safety, and welfare (HSW) unit designation:*   |  | | --- | | 1. | | **2.** | | **3.** | | **4.** | | **5.** |   **AIA HSW Course Requirements:** If your course is to be classified as an **HSW Learning Unit**, you must please highlight it/advise accordingly **and** provide a brief detailed explanation of how your course will support the criteria, topics and content required as follows**:**   * **Health –** those aspects of professional practice that improve the physical, emotional and social well-being of occupants, users and any others affected by buildings and sites. * **Safety –** those aspects of professional practice that protect occupants, users, and any others affected by buildings or sites from harm. * **Welfare –** those aspects of professional practice that enable equitable access, elevate the human experience, encourage social interaction, and benefit the environment.   ***One or more of the following topics must be addressed with 75% of content and instructional time*:**   |  |  |  | | --- | --- | --- | | * **Practice Management** | * **Project Management** | * **Programming and Analysis** | | * **Project Planning and Design** | * **Project Development and Documentation** | * **Construction and Evaluation** | |

**Please complete the attached Addendum to determine your program’s area of expertise and please complete a 150-word abstract describing the knowledge attendees will gain from your presentation.**

***Email this completed form, by or before November 1, 2024, to Kristy King at*** [***kking.hfi@gmail.com***](mailto:kking.hfi@gmail.com) **and to *Craig Rowland at*** [***crowland.hfi@gmail.com***](mailto:crowland.hfi@gmail.com)

**IMPORTANT INFORMATION – PLEASE READ:**

* ***A maximum of three (3) individuals per panel presentation***. If you require more than three (3), please advise [Craig Rowland](mailto:crowland.hfi@gmail.com) directly before submitting your completed response.
* You will be notified by, or before, **December 2, 2024.**
* The published agenda is planned for **December 5, 2024**.
* If selected, your **FINAL** presentation (in PDF format) will be required to be submitted to both [Kristy King](mailto:kking.hfi@gmail.com) and [Craig Rowland](mailto:crowland.hfi@gmail.com), no later than **March 31, 2025,** for review and approval. If not approved as submitted, this will allow you time for any needed modifications.
* If selected, you will receive a notification and an invitation to register. **Upon receipt of the invitation, each faculty member must register online and complete the required Bio (Speaker Introduction) portion of the registration**.
* Registration and lodging reservations **must be completed within 10 business days** of receipt of the registration invitation. This will ensure confirmation of your registration and your acceptance as a faculty member and will also secure your room reservation at the Symposium venue.
* You will be presenting using your own laptop, or other device, so please be prepared to do so. For use by the onsite hotel AV team, please also have a copy of your presentation available on a removable storage device.
* If your presentation includes special effects, you must submit in PPT format; PDF files *will NOT* function.

***- - - HFI reserves the right to require changes to presentations to improve legibility - - -***



**Application for Presentation Addendum**

In an effort to provide our membership with consistent educational programs that respond to the Core Competencies that are the basis of the Health Facility Institute, please complete the following matrix with respect to your proposed presentation.

Please rate each area as High, Medium or Low with respect to each Core Competency. For example: a presentation on *Medical Equipment Acquisition* would naturally get a “high” rating next to “Equipment Acquisition” and maybe under “Equipment Planning” as well. However, your presentation might also contain relevance to the “Strategic Planning” area and might be “high” or “medium”. The presentation might also discuss room sizes (Space Planning & Programming) and utility needs (Design). So please take a few minutes and complete this matrix for each the HFI Core Competencies.

Consequently, based on your scoring of the Competency Matrix, when we publish the program for the annual symposium, each presentation entry will include the Core Competencies for that program. This will help attendees enrich their own personal expertise in the various areas. Our goal is to provide presentations that touch on all Core Competencies during the symposium. This particularly helps new or prospective members in attaining their levels of affiliation within the Institute.

Presenter’s Name: \_\_

*(If more than one, list all presenters.)*

Presentation Title:

|  |  |  |  |
| --- | --- | --- | --- |
| **Core Competencies:** | **High** | **Medium** | **Low** |
| Strategic Planning |  |  |  |
| Space Planning and Programming |  |  |  |
| Design |  |  |  |
| Equipment Planning |  |  |  |
| Equipment Acquisition |  |  |  |
| Construction Management |  |  |  |
| A-E Selection Process |  |  |  |
| Claims Adjudication Principles |  |  |  |
| Computer Principles and Applications |  |  |  |
| Transition Planning |  |  |  |

**150-Word Abstract:**

|  |
| --- |
|  |