**FSARN Poster Abstract Submission Form**

|  |  |
| --- | --- |
| **Title** |  |
| **Category** | **\_\_\_ Quality Improvement project**  **\_\_\_ Research study**  **\_\_\_ Evidence-based practice project**  **\_\_\_ Case study**  **\_\_\_ Clinical topic**  **\_\_\_ Education focused topic/project**  **\_\_\_ Other** |
| **Objective(s) (at least one)** | **After reviewing this poster, the attendee will be able to…** |
| **Conflict of Interest: Do you (or any of your co-authors) have any conflicts of interest – financial, personal, or other that may affect the information, research, analysis, or interpretation presented in the abstract?** | **Yes \_\_\_**  **No \_\_\_** |
| **Commercial Support: Are you (or any of your co-authors) receiving commercial support for**  **your poster by a pharmaceutical company or other commercial entity?** | **Yes \_\_\_**  **If yes, name of company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **No \_\_\_**  **Note: Presentations must avoid commercialism.** |
| **Abstract (250 word maximum)** | **Background:**  **Purpose of the Project/Study/Topic:**  **Methods/Approach including measurement if applicable:**  **Results/Findings:**  **Conclusion/Significance to rehab nursing:** |
| **Reference(s) (at least one)** |  |
| **Name & Credential** |  |
| **Title & Institutional Affiliation** |  |
| **Email** |  |
| **Phone number** |  |
| **Name & Credential** |  |
| **Title & Institutional Affiliation** |  |
| **Email** |  |
| **Phone number** |  |
| **Name & Credential** |  |
| **Title & Institutional Affiliation** |  |
| **Email** |  |
| **Phone number** |  |
| **I understand if my poster abstract is accepted I will register for the conference** | **Yes \_\_\_** |

**Submit to** [**ann.wilson@va.gov**](mailto:ann.wilson@va.gov) **by \_\_\_\_\_\_\_\_\_\_\_\_\_**