

Pioneer Network

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THE APPLICATION PROCESS	
<p>We thank you for submitting a proposal to participate as a "Guide" in our conference; for Pioneer Network's conference "Guides" play a critical role in the quality and success of the conference as speakers, faculty, and facilitators. Please proceed according to the following process:</p>	
USERNAME / PASSWORD	
<p>You have the ability to partially complete this form and then come back at a later time to finish it (up to 30 working days later). Please enter a username and password below that you can use to reload your information. Any information you have entered when you click the "Save My Data" button at the bottom of this form will be saved. Reminder - Your information is only saved when you click "Save My Data". Once your finished form is submitted (on the following screen), you will not be able to update your information. Click here to reload your information. NOTE: If you are making more than 1 submission, you must use a unique username/password combination for each submission.</p>	
Username:	<input style="width: 100%;" type="text"/>
Password:	<input style="width: 100%;" type="password"/>
GENERAL SESSION INFORMATION	
<p>We are requesting proposals for conference sessions (90 minute sessions with one or two guides).</p>	
BIOGRAPHICAL DATA and SPEAKER (GUIDE) DECLARATION FORM	
<p>Instructions: All fields must be completed before this form can be submitted online. After completion, you will be able to print out a copy. We recommend one to two guides for each request for proposal so that there is sufficient time for interaction with and among audience members during the session. A resume or curriculum vitae must be submitted for each Guide before completing this application process. Please note Guide One will be the primary contact with Pioneer Network for your session.</p>	
BIOGRAPHICAL DATA and SPEAKER (GUIDE 1) DECLARATION FORM	
First Name:	<input style="width: 100%;" type="text"/>

Last Name:	<input type="text"/>
Address Location:	<input checked="" type="radio"/> Office <input type="radio"/> Home
Address:	<input type="text"/>
City:	<input type="text"/>
State:	Please select from the following. <input type="button" value="v"/>
Zip:	<input type="text"/>
Country:	USA
Organization/Affiliation:	<input type="text"/>
Title:	<input type="text"/>
Phone Number:	<input type="text"/>
Cell Number:	<input type="text"/>
Fax Number:	<input type="text"/>
Email Address(*):	<input type="text"/>
Additional Email Address(*):	<input type="text"/>

Education (include basic preparation through highest degree held): If not applicable, please enter NA.

Institution (Name, City, State)	Major Area Of Study	Year Degree Awarded	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use the fields below to briefly describe your professional experience and areas of expertise (including publications) that contribute to your particular involvement with this continuing education activity.

Current Responsibilities (100 words or less)

Pertinent Qualifying Experience (in content area and in instruction) To Serve as a Guide (100 words or less)

Check here if there will be a Second Guide

If you have a panel in your session, please provide the names and organizations for each panel member. The panel members are not expected to send in their resume or signature form unless they are the bulk of the session.

First Name	Last Name	Organization

Session Title: (limit 20 words maximum)

Session Description: (Write a short summary of your session, focusing on outcomes, with a limit of 100 words maximum)

Objectives:	Content (Topic)	Time Frame; Minutes (All sessions are 90 minutes)	Guide	Teaching
List objective in measurable learner outcomes. Objective must be consistent with the purpose of the activity. Some examples: The learner will be able to: Apply, Create, Compare, Define, Discuss, Evaluate, List, Name, Plan. Avoid the use of non-measurable verbs such as Learn or Understand in formulating your objectives.	List each topic area and a description or outline of the content to be presented. The content must be directly related to the corresponding objectives. These should be more than just a re-statement of the objectives.	List the number of presentation minutes for each content area listed, including question and answer time for participants to complete the evaluation.	List the faculty person or guide for each topic.	Describe the methods, materials, for each of Facilitated Interactive discussion exercises, discussion Q&A

Area of Focus. Select **ONE** of the following **10 Areas of Focus**, as described on the cover page, as your area (you will not be able to select more than one.) Then within your Area of Focus select **ONE** topic which your session will address. If your session covers more than one area of focus, use the "Other" section to describe your additional information.

<input type="radio"/> The Essentials of Culture Change	
<input type="radio"/> Aging and Ageism	<input type="radio"/> From Vision to Plan
<input type="radio"/> Community Involvement	<input type="radio"/> Relationship-Building
<input type="radio"/> Ethical Issues	<input type="radio"/> Stages of Culture Change
<input type="radio"/> Financial Viability	<input type="radio"/> The Personal Journey
<input type="checkbox"/> Other, please specify in 50 words or less	
<input type="radio"/> Organizational Change Processes	
<input type="radio"/> Diversity/Inclusion	<input type="radio"/> Quality Improvement
<input type="radio"/> Facilitating Change	<input type="radio"/> Culture Change Stories from the Field
<input type="radio"/> Financial Planning	<input type="radio"/> Sustainability
<input type="radio"/> Organizational Design	<input type="radio"/> Team Development
<input type="checkbox"/> Other, please specify in 50 words or less	
<input type="radio"/> Work Force	
<input type="radio"/> Career Ladders	<input type="radio"/> Cultural and Ethnic Diversity
<input type="radio"/> Coaching/Mentoring	<input type="radio"/> Recruitment and Retention
<input type="radio"/> Conflict Management/Problem-Solving	<input type="radio"/> Skill Development
<input type="radio"/> Consistent Assignments	<input type="radio"/> Team Development
<input type="radio"/> Self-Directed/Self-Managed Word Teams	
<input type="checkbox"/> Other, please specify in 50 words or less	
<input type="radio"/> Leadership	
<input type="radio"/> Building Future Leaders	<input type="radio"/> Leadership Skills and Development
<input type="radio"/> Governance/Ownership	<input type="radio"/> Leadership Styles
<input type="radio"/> Leadership Legacy/Succession	<input type="radio"/> Team Leadership
<input type="checkbox"/> Other, please specify in 50 words or less	
<input type="radio"/> Environment	
<input type="radio"/> Bathing/Personal Care Areas	<input type="radio"/> New Construction
<input type="radio"/> Dining/Kitchen Areas	<input type="radio"/> Outdoor Areas
<input type="radio"/> Emerging Models	<input type="radio"/> Resident Rooms
<input type="radio"/> Household Design	<input type="radio"/> Retrofitting
<input type="radio"/> Interior Design	<input type="radio"/> Security Systems

<input type="radio"/> Life Safety	<input type="radio"/> Sensory Issues
<input type="radio"/> Lighting	<input type="radio"/> Staff Areas
<input type="radio"/> Storage	
<input type="checkbox"/> Other, please specify in 50 words or less	
<input type="radio"/> Operations	
<input type="radio"/> Activities/Life Enrichment	<input type="radio"/> Marketing and Public Relations
<input type="radio"/> Assessment	<input type="radio"/> Medication Administration
<input type="radio"/> Bathing	<input type="radio"/> Medical Leadership
<input type="radio"/> Community Involvement	<input type="radio"/> Nursing/Clinical Care Team
<input type="radio"/> Dining	<input type="radio"/> Pastoral Care/Spirituality
<input type="radio"/> End-of-Life	<input type="radio"/> Public Relations
<input type="radio"/> Financial Planning/Budgets	<input type="radio"/> Rehabilitation Therapies
<input type="radio"/> Intergenerational Programming	<input type="radio"/> Wellness Programs
<input type="checkbox"/> Other, please specify in 50 words or less	
<input type="radio"/> Research	
<input type="radio"/> Case for Quality (including the business case)	<input type="radio"/> Financial Outcomes
<input type="radio"/> Developmental Aging Issues	<input type="radio"/> Measurement Tools
<input type="radio"/> Evaluation Processes	<input type="radio"/> Quality Improvement
<input type="checkbox"/> Other, please specify in 50 words or less	
<input type="radio"/> Public Policy/Advocacy	
<input type="radio"/> Civic Engagement	<input type="radio"/> Reimbursement - State Issues
<input type="radio"/> Funding Sources (e.g. CMP)	<input type="radio"/> Reimbursement - Federal Issues
<input type="radio"/> Regulations - State Issues	<input type="radio"/> State Coalitions
<input type="radio"/> Regulations - Federal Issues	<input type="radio"/> Survey Issues
<input type="checkbox"/> Other, please specify in 50 words or less	
<input type="radio"/> Technology	
<input type="radio"/> Family Communication	<input type="radio"/> Staff Communication
<input type="radio"/> Program Enhancement	<input type="radio"/> Therapeutic Intervention
<input type="radio"/> Research and Evaluation	
<input type="checkbox"/> Other, please specify in 50 words or less	
<input type="radio"/> Journey Story	
<input type="radio"/> Other, please specify in 50 words or less	

Target Settings Select all the settings, from the selections below, of care that your session will address or consider.

<input type="checkbox"/> Adult Day Services	<input type="checkbox"/> PACE Programs
<input type="checkbox"/> Aging Network Agencies (e.g. Area Agencies on Aging)	<input type="checkbox"/> Rehabilitation/Post-Acute Services
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Retirement Communities
<input type="checkbox"/> Home Care	<input type="checkbox"/> Senior Centers
<input type="checkbox"/> Hospice	<input type="checkbox"/> Senior Housing
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Wellness Centers
<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Other <input type="text"/> (10 words maximum)

We have over 65% of the Conference Attendees attending for the first time. We need to provide sessions appropriate for them. Please check Getting Started if your session is appropriate for an organization or individual that is brand new to culture change.

If your session is meant for those who have been on their journey for a long time and are looking for deeper information. Please check Advanced.

<input type="checkbox"/> Getting Started	<input type="checkbox"/> Advanced	<input type="text"/>
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Journey Story: Is your session about your particular journey in your place of work? Attendees like hear from others walking the walk.

<input type="checkbox"/> Journey Story	<input type="text"/>	<input type="text"/>
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Other Key Session Information: How is your session proposal appropriate for this conference that focuses on culture change in aging (100 words maximum)

Which of the following 13 values of the Pioneer Network will your session consider. You must

select 1, but up to 3 values.

- Know each person
- Each person can and does make a difference.
- Relationship is the fundamental building block of a transformed culture.
- Respond to spirit, as well as mind and body.
- Risk taking is a normal part of life.
- Put person before task.
- All elders are entitled to self-determination wherever they live.
- Community is the antidote to institutionalization.
- Do unto others, as you would have them do unto you.
- Promote the growth and development of all.
- Shape and use the potential of the environment in all its aspects: Physical , organizational, psycho/social/spiritual.
- Practice self-examination. searching for new creativity and opportunities for doing better.
- Recognize that culture change and transformation are not destinations but a journey, always a work in progress.

Check all applicable boxes signifying acceptance and add additional information if needed.

- Yes No
 Guides are able to stay for the ENTIRE CONFERENCE to ensure networking for attendees, enable relationships to form and build community within the movement.
- Yes No
 Guide understands that while the conference registration fee will be reduced to \$250, guides will be responsible for their own travel, hotel arrangements, and costs and will not receive speakers' fees or honoraria.
- Yes No
 Guide agrees to forward handouts to be included on our conference CD no later than June 25, 2012. This is a great resource for our attendees, please put it on your calendar now. We only had 40% last year!
- Yes No
 A Resume/CV and a Signature Form **MUST** be attached. **You will not receive an accepted email until we receive both forms from each guide.**

RESUME/CV

NOTE: After you review your information, you will be required to include a resume/CV and to return a signed signature form in electronic form or fax for each Guide with your final submission.

(NOTE: Reset will clear all information on a new form)

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