

**Application to Participate in the Dr. Kevin Hansen Student & Health Care Professional Poster Memorial Exposition**

**ACHCA 2025 Convention and Expo**

**April 7-10, 2025**

**Myrtle Beach, South Carolina**

**\*This application is for students only\***

Student/Presenter Name:

Email Address (required):      Phone Number:

Street Address:

City:       State:       Zip:

Name of University (No Abbreviations):

Title of Poster:

*Poster presentation review grid. (300 word limit)*

In the opening problem statement, highlight the significance of your project. Then, explain the importance of this research study or literature review for the care of or quality of life for older adults. Next, briefly describe the approach you have taken (e.g., experimental methods, artistic vision and medium, etc.) for your work. Finally, supply some preliminary results, expected results, or an overview of what an attendee will see on your poster or experience at your presentation. Try to avoid jargon as much as possible and do not include any special symbols, equations, or figures in the abstract. Lastly, be sure to include all authors’ full names, universities, and your contact information.

|  |  |
| --- | --- |
| **Attributes** | **Comments** |
| Problem |       |
| Rationale and/or hypotheses |       |
| Methodology |       |
| Results |       |
| Conclusions |       |
| Author(s) and Affiliations |       |

**Category:**

\_\_[ ] \_\_\_\_ Leadership Best Practices

\_\_[ ] \_\_\_\_ Strategic Planning

\_\_[ ] \_\_\_\_ Customer Focus

\_\_[ ] \_\_\_\_ Measurement, Analysis, and Knowledge Management

\_\_[ ] \_\_\_\_ Workforce Focus

\_\_[ ] \_\_\_\_ Quality Improvement or Process Management

\_\_[ ] \_\_\_\_ Quality of Care/Quality of Life

The American College of Health Care Administrators is seeking funds to subsidize the student registration fee for students presenting a poster. Please indicate below if you wish to receive financial assistance if it should become available.

[ ]  I wish to apply for the 2025 Convention student registration subsidy. Please describe the financial need for this registration scholarship in the financial request form.

**To Be Completed by Faculty (Emailed approval will be accepted as well from Faculty)**

Student’s Last Name:

This application to participate in the 2025 ACHCA Convention and Expo Student & Health Care Professional Poster Exposition must be signed by a sponsoring faculty member from the student’s University.

By signing below, I (faculty member) attest that the above-named student is capable of completing the project described above and displaying it at the 2025 ACHCA Convention and Expo on April 7-10, 2025, in Myrtle Beach, South Carolina. I also promise that I will make every effort to guide the student’s study or direct him/her to an individual who can guide this study.

Faculty Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type Faculty Name:

Email Address (required):       Phone Number:

To submit a poster presentation, please complete the attached form and return to the ACHCA at info@achca.org by January 22, 2025. If revisions are needed, a revised version is due March 6, 2025, and if abstract is approved, a digital file of your final poster must be submitted to ACHCA by March 20, 2025.

**Dr. Kevin Hansen Student & Health Care Professional Poster Memorial Exposition**

**STUDENT REGISTRATION FUNDING ASSISTANCE APPLICATION**

**2025 Convention and Expo**

**Please submit this application for financial assistance to ACHCA, by email (**info@achca.org**)**

# Name:

**E-mail:**

**University/College:**

**Faculty Advisor for project:**

**Is your Organization/University financially supporting your attendance to the 2025 Convention and Expo in any way?**

**[ ]  Yes** **[ ]  No**

**Do you have other sources of support to attend Convention? (Employer, Family, Other Grants)**

**[ ] Yes [ ] No**

**Please describe a detailed reason why you are applying for this funding assistance:**

***(Reasoning must be provided for funding application to be reviewed)***

**Please sign this document attesting that information submitted in this application is correct to the best of your knowledge.**

**Signature       Date**

**Limited support funds are available. Approved applicants will receive their Convention registration fee covered based on need and number of applicants. Funds will be distributed to support attendance at the 2025 Convention and Expo.**

*\*Hotel and travel arrangements are the responsibility of each presenter. \**

**SUBMIT COMPLETED APPLICATION TO The ACHCA BY January 22, 2025 to:**

 **POSTER EXPOSITION COMMITTEE**

**ATTN: Stephen Froehlich**

**EMAIL: info@achca.org**

**Please submit all via email**