



## Sigma Theta Tau Nursing Honor Society -- Theta Omicron Chapter

### Call for Podium/Poster Presentations

The vision of the international nursing honor society, Sigma Theta Tau, is to create a global community of nurses who lead in using knowledge, scholarship, service and learning to improve the health of the world's people. Consistent with that vision, Theta Omicron is committed to:

- Supporting the learning, knowledge and professional development of nurses
- Making a difference in health in Alaska and worldwide.

Toward that end, Theta Omicron offers research grants in amounts up to \$500 to assist in funding research or scholarship projects. In addition to funding scholarship activities, Theta Omicron sponsors several events each year that provide an opportunity for nurses to present their research or scholarship projects in a setting that facilitates sharing of findings and collaborative discussion.

#### **Podium/Poster Presentation Applications**

If you are interested in presenting your research or project, complete the "Podium/Poster Presentation Application." Below is list of planned events with approximated timeframes. You will need to indicate which of the modalities (podium vs. poster presentation) and which event you prefer.

Spring Membership Meeting – March (Poster and/or Podium Presentation)

Spring Conference – May, June (Poster Presentation)

Spring Induction – April (Poster Presentation)

Fall Membership Meeting – October/November (Poster and/or Podium Presentation).

#### **Timeframe**

Theta Omicron prefers that applications be received by January 30<sup>th</sup> or August 30<sup>th</sup>. Contact the Theta Omicron Research Chair if an application will not fall within these timeframes.

#### **Types of Projects**

Theta Omicron seeks presentations of a broad range of topics that are consistent with the goals of Sigma Tau. The following types of activities will be considered:

1. Dissertations
2. Masters theses

3. Scholarship projects
4. Evidence-based practice projects
5. Research utilization projects

### **Presentation/Poster Abstract**

Abstracts should be typed and should be **no longer than one (1) page**.

Submit 1 electronic copy of the abstract and application to the committee. The following points must be included in the abstract:

**Specific Aims:** State concisely and realistically what the project is intended to accomplish, and/or what research questions are to be addressed and/or what hypotheses are to be tested.

**Design/Methods:** Describe concisely the procedure used.

**Human or Animal Subjects:** Provide evidence of approval from the appropriate agency review committee.

**Significance:** Specifically identify gaps that the project is intended to fill. Make clear the nursing implications of the project. State concisely the importance of the project by relating specific aims to longer-term objectives.

### **Application Submission.**

Inquiries and applications should be directed to:

Elizabeth Predeger, RN, PhD  
Chair, Theta Omicron Research Committee  
UAA School of Nursing  
3211 Providence Drive  
Anchorage, AK 99508-4614  
E-mail: [afejpf@uaa.alaska.edu](mailto:afejpf@uaa.alaska.edu)  
Phone: (907) 786-4575  
Fax: (907) 786-4559 (Attn: Dr. B. Predeger)

**Sigma Theta Tau International Honor Society of Nursing  
Theta Omicron Podium/Poster Presentation Application**

Please return this form to Dr. Betty Predeger by January 30<sup>th</sup> & August 30<sup>th</sup>

UAA School of Nursing  
3211 Providence Drive  
Anchorage, Ak. 99508

1. Date: \_\_\_\_\_
2. Preferred presentation method:    \_\_\_\_\_ Podium            \_\_\_\_\_ Poster
3. Preferred date of presentation:    \_\_\_\_\_
4. Title: \_\_\_\_\_
5. Name of Presenter: \_\_\_\_\_
6. Name of Principal Investigator: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: (Res.) \_\_\_\_\_

(Bus.) \_\_\_\_\_

6. Registered nurse in State(s) of: \_\_\_\_\_

License # \_\_\_\_\_

a. Sigma Theta Tau member    Yes \_\_\_\_\_    No \_\_\_\_\_

Active \_\_\_\_\_    Inactive \_\_\_\_\_

Membership Number: \_\_\_\_\_

7. Previous Sigma Theta Tau Research Awards:  
\_\_\_\_\_

8. Have you applied for or are you receiving support for this research/project?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list agency: \_\_\_\_\_ and amount requested/received: \$ \_\_\_\_\_

If other support is received, please notify Chapter Research Committee Chair.

9. Institutional Review Board (IRB) Clearance completed (if needed) Yes \_\_\_\_\_ No \_\_\_\_\_

10. For presentation of research at Conference, please list name of conference, organization, and date of conference. Include abstract acceptance letter.

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11. Degree information completed by student(s).

Degree Sought: \_\_\_\_\_

Projected completion date of degree: \_\_\_\_\_

Projected completion date of project: \_\_\_\_\_

Name of Thesis/Project Advisor, if applicable. \_\_\_\_\_

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This section below is to be completed by the Chapter.

Approval Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

Decision: \_\_\_\_\_

Chapter Research Committee Chair Signature:

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**Sigma Theta Tau International Honor Society of Nursing  
Theta Omicron Chapter Research Grant Application Form**

Please return this form to Dr. Betty Predeger by January 30<sup>th</sup> & August 30<sup>th</sup>

UAA School of Nursing  
3211 Providence Drive  
Anchorage, Ak. 99508

1. Date: \_\_\_\_\_

2. Preferred presentation method:    \_\_\_\_\_Podium            \_\_\_\_\_Poster

3. Preferred date of presentation:    \_\_\_\_\_

4. Title: \_\_\_\_\_

5. Name of Principal Investigator: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: (Res.) \_\_\_\_\_

(Bus.) \_\_\_\_\_

6. Registered nurse in State(s) of: \_\_\_\_\_

License # \_\_\_\_\_

a. Sigma Theta Tau member Yes \_\_\_\_\_ No \_\_\_\_\_

7. Previous Sigma Theta Tau Research Awards:

\_\_\_\_\_

8. Have you applied for or are you receiving support for this research?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list agency: \_\_\_\_\_ and amount requested/received: \$ \_\_\_\_\_

If other support is received, please notify Chapter Research Committee Chair.

9. Institutional Review Board (IRB) Clearance completed (if needed) Yes \_\_\_\_\_ No \_\_\_\_\_

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Projected completion date of degree: \_\_\_\_\_

Projected completion date of project: \_\_\_\_\_

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Review Date: \_\_\_\_\_

Decision: \_\_\_\_\_

Chapter Research Committee Chair Signature:

\_\_\_\_\_