



## **CALL FOR PRESENTATIONS**

**CONFERENCE DATE: TBA**

**DEADLINE FOR SUBMISSIONS: January 31st, 2026**

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**Thank you for your interest in presenting at our 72<sup>nd</sup> Annual FMC!** We look forward to reviewing your proposal. Decisions on all submissions will be communicated by email to the primary submitter on or before **March 31<sup>st</sup>, 2026**.

If you have any questions regarding the Call for Presentations, please contact:

Mavis Baah

Email: [mbaah@sk-cfp.ca](mailto:mbaah@sk-cfp.ca)

Phone: 306-665-7714

**All Presentations for the 2026 Family Medicine Conference will be delivered in person. However, we are pleased to again offer a virtual attendance option for participants who are unable to join us on site.**

### **Contact Information**

|                          |  |
|--------------------------|--|
| Salutation               |  |
| Name                     |  |
| Organisation/Association |  |
| Email                    |  |

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### **Presentation Type:**

**Please select ONE of the following types that best describes your presentation proposal, and respond to the related questions:**

Clinical

Skill

Knowledge Transfer and Implementation

Program/Policy

Other: \_\_\_\_\_

**Please select the preferred format of your presentation:**

Plenary (30 minutes)

Plenary (45 minutes)

**Please choose the category that best describes your proposal:**

Addictions

Cancer

Cardiology

Chronic Conditions

Dermatology

Diabetes

Endocrinology

ER/Urgent & Hospital Care

Geriatrics

Hematology

Hypertension

Infectious Disease

Men's Health

Musculoskeletal

Neurology/Neurosurgery

Obstetrics & Newborn

Ophthalmology/Eye Health

Orthopedics

Pain

Palliative Care

Pediatric/Adolescent Health

Depression/Mental Health/Psychiatry

Radiology

Sleep

Sports Medicine

Surgery/Plastics

Urology

Women's Health

Other: \_\_\_\_\_

**Is your topic Complementary and Alternative Medicine (CAM), designed to increase physician awareness and how these may affect patients?**

No

Yes

If yes, please specify area (use of dietary supplements, mind/body medicine, etc):

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**If you selected a Skills Presentation:**

Indicate topic area (i.e. casting, sutures, etc)

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**If you selected a Knowledge Transfer and Implementation Presentation, please indicate the purpose of the presentation:**

Share results from your completed research

Review of evidence

Other: \_\_\_\_\_

**If you selected a Program/Policy Presentation, please indicate the purpose of the presentation:**

Aimed to improve teaching family medicine

Computer skills as applied to learning, access to information or CME

Aimed to improve teaching family medicine

Clinical Practice

Other: \_\_\_\_\_

**Is this program/policy currently in effect?**

Yes

No

**Is this a program/policy that is in the evolution phase?**

Yes

No

**Is this a program/policy in the planning phase and is relevant to primary care?**

Yes

No

**Other Presentation Type:**

**Please provide further details about your proposed session.**

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**PRESENTATION DETAILS:**

**Will you present findings from a research project you've been involved with?**

Yes

No

**Is it your intent to survey conference participants?**

Yes

No

**Proposed Presentation Title:**

**Description of Presentation:**

**Indicate the Learning Objectives for the proposed workshop.**

***\*\*Please note: Learning Objectives should make reference to the teaching methods used to deliver the presentation, and at minimum, one method should be interactive.***

**How was this topic determined/chosen?**

**How will this presentation meet the learning needs of FMC participants?**

**Additional comments/information that may assist the FMC Planning Committee with their review and decision:**

**Principal Presenter's contact information:**

|                |  |
|----------------|--|
| Salutation     |  |
| Name           |  |
| Credentials    |  |
| City/ Province |  |
| Email          |  |

**Please provide a brief bio for the presenter:**

**Does this presentation include a co-presenter?**

***\*\*I understand that co-presenters must be included in this Call for Presentations form submitted for review to the FMC Planning Committee.***

Yes

No

**If yes complete the following:**

|                |  |
|----------------|--|
| Salutation     |  |
| Name           |  |
| Credentials    |  |
| City/ Province |  |
| Email          |  |

**Please provide a brief bio for the co-presenter:**

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**Please submit to:**

Mavis Baah  
[mbaah@sk-cfp.ca](mailto:mbaah@sk-cfp.ca)

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