NYU Langone Health

Revitalize Wellness Summit for Healthcare Professionals
Wellness Session Submission Template

Thank you for your interest in contributing to the *Revitalize Wellness Summit for Healthcare Professionals*. Please follow the instructions below to complete and **upload it as a Word document** via the submission form.

Session Type:
☐Yoga/Movement ☐ Meditation/Mindfulness ☐ Nutrition/Lifestyle ☐ Creative/Expressive Arts ☐ Energy Healing ☐ Other:
Session Description (150 words max): Please provide a clear, participant-friendly description of your session. This may be used in the event program.
Evidence Base: Briefly describe the evidence, best practices, or clinical experience supporting your session. Please include at least 1 citation.

Practical Take-away
What is one practical strategy or tool participants can begin using immediately after your session?

Participant Engagement

Check all that apply:
☐ Guided practice
☐ Small group discussion
☐ Reflection/Journaling
☐ Demonstration
☐ Hands-on activity/Creative processing
☐ Partner/Group activity
☐ Active audience participation throughout

Intended Audience
(Check all that apply):
☐ RN
☐ MD
☐ OT
☐ PT
☐ Athletic Training
☐ SW
☐ Psych
☐ Other

Learning Objectives (Up to 2):
List up to two specific learning objectives for your session. Consider what participants will gain or be able to do as a result of attending.

Examples:
- As a result of this activity, participants will practice a 30-minute mindfulness meditation.

- As a result of this activity, participants will list two coping techniques to support emotional resilience.

Space and Equipment Requirements:
* We will make every effort to accommodate your requested setup arrangements. However, due to space limitations, we may not be able to fulfill all requests.

Is there a maximum number of participants for your session?
☐ Yes, how many _____
☐ No

Please indicate your space set-up needs by checking all that apply:
☐Open space for movement sessions (no chairs or tables; if activity requires mats or cushions, facilitator must supply their own)
☐Tables/chairs. Please indicate preferred room-set up below (Please check all that can apply):
- ☐ Chairs in circle (tables not needed)
- ☐ Pods (groups of tables)
- ☐ Lecture/classroom style (auditorium seating and/or rows of tables)

Other requirements:
[List any additional space, equipment, or AV needs]

Please list any materials or equipment you will bring for your session. Facilitators are responsible for providing all session materials, including handouts, supplies, and any specialized equipment needed for their presentation. Please note that these items will not be provided by the event organizers.

If you would like to share a link to your work, please add it here (optional):