



**Caring for the
Human Spirit®**
Conference

Westberg Virtual Symposium
April 26-28, 2027

2027 Workshop Submission Form

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***Submission Deadline is November 1, 2026**

The Spiritual Care Association's 15th Annual *Caring for the Human Spirit* Conference and Westberg Symposium will be held virtually on April 26-28, 2027.

If you are interested in presenting a 60-minute workshop virtually (using **Zoom**), please complete this form.

We invite researchers, chaplains, nurses, social workers, physicians, patient experience officers, and others to apply and present on best practices, latest research, or other topics to a diverse audience of healthcare professionals.

Submissions with the following will be given preference:

1. Positive aspects of addressing diversity related to spiritual care that encourages acceptance and mutual support through interprofessional relationships

2. Research and practical ideas for providing spiritual care as a team (nurses, chaplains, and other disciplines)
3. Development of communication avenues to increase understanding, support, and teamwork
4. Self-care related to relationships and communications with self, others, and the divine personally and professionally
5. Original research in spiritual care led by Chaplains or Nurses

We strive to maintain an inclusive atmosphere where all are respected as unique individuals from a wide variety of religions, cultures, races, and spiritual care perspectives. Our international audience of chaplains, nurses, social workers, clergy, and other professionals is personally and professionally diverse and represents both hospital and community-based practice. Please customize your presentation to be respectful and inclusive for all. There is no financial compensation or expense reimbursement to you, your co-presenters (if any), or your employer/organization, if you are selected to present.

Timeline

Submissions will be evaluated on a rolling basis.

▲ 1 / 2 ▼

Step 1: Enter the Author(s)' Details

Your First Name *

Your Last Name *

Your FULL Name (exactly as you would like it to appear online). Include all credentials. *

Title

Organization/Company

Degree/License Held

What is your Primary Profession? *

- ☐ Chaplain
- ☐ Nurse
- ☐ Physician
- ☐ Social Worker
- ☐ Clergy (non-chaplain, non-FCN)
- ☐ First Responder
- ☐ Mental Healthcare Provider
- ☐ Administrator
- ☐ Other

Email (please use the email your zoom account is associated with) *

Confirm your email address *

Mobile Phone (in case we need to contact you). This information will not be made public. *

Co-Presenters

Optional. If there are any Co-Presenters, you can include them below:

Co-Presenter 1 - FULL Name (exactly as it should appear online, including all credentials).

Co-Presenter 1 Email Address

(please us the email their zoom account is associated with)

Title

Organization/Company

Blank Line 

Co-Presenter 2 - FULL Name (exactly as it should appear online, including all credentials).

Co-Presenter 2 Email Address

(please us the email their zoom account is associated with)

Title

Organization/Company

Blank Line 

Co-Presenter 3 - FULL Name (exactly as it should appear online, including all credentials).

Co-Presenter 3 Email Address

(please us the email their zoom account is associated with)

Title

Organization/Company

Blank Line 

Co-Presenter 4 - FULL Name (exactly as it should appear online, including all credentials).

Co-Presenter 4 Email Address (please use the email their zoom account is associated with)

Title

Organization/Company

▲ 2 / 3 ▼

Step 2: Enter your Submission's Details

Please enter your submission EXACTLY as it should be published online.

This is what a published sample submission would look like:

Advance Care Planning (ACP) for Family Residents in a System

Stephen P. Rodriguez, APBCC, MA, MDiv
Dr. Faith Cummings, FCN, DMin

Workshop Summary:

This workshop will reflect the collaborative and interdisciplinary work with chaplains and physicians to train residents in family medicine about ACP and the work of ACP across a health system and the community footprint of a system. Strategies for training and collaboration will be shared.

Proposed Title *

Workshop Summary (describe the workshop as it should appear to the public when posted online). 1,000 characters maximum *

0/1000 characters

Workshop Agenda of Activity. Please describe briefly what you will be presenting during the workshop. This information will NOT be made public and will only be read by the reviewing committee. *

0/1000 characters

Outcomes. Upon Completion of this workshop, the participant will be able to (2,000 characters max). *

0/2000 characters

Learner Engagement Strategies. List how you will engage the audience. For example: Q&A, polling questions, group discussions, etc. *

0/2000 characters

▲ 3 / 4 ▼

Step 3: Upload your Documents

Upload a CV/Resume. *

Choose File No file chosen

Blank Line ?

Upload a CNE Educational Planning Table (mandatory for workshops providing CNE credit; optional for all others).

Choose File No file chosen

Blank Line ?

Upload any other documents you would like us to consider when reviewing your submission (optional).

Choose File No file chosen

▲ 4 / 5 ▼

Step 4: Agreement

If selected to participate, I hereby grant permission to have my workshop listed as part of SCA's virtual conference and symposium. I further grant permission for my name,

title, workshop name/summary, or any other information from my submission to be used as part of the marketing materials used to promote the conference/symposium. *

☐ Yes

☐ No

Unfortunately, we cannot accept your submission without your approval.

Blank Line ?

I hereby grant permission for my presentation to be recorded and made available as a recorded session to all participants. I understand that I retain the copyright to my content and materials, and that SCA will not alter or revise my materials in any way without my consent. *

☐ Yes

☐ No

Unfortunately, we cannot accept your submission without your approval.

Blank Line ?

I understand that there is no financial compensation or expense reimbursement to me, my co-presenters (if any), or my employer/organization, if I am selected to present. *

☐ Yes

☐ No

We do not provide financial compensation. Unfortunately, we cannot consider your proposal at this time.

Blank Line ?

I understand that, if selected, I will be presenting my workshop virtually April 20-22, 2026, and that I have sufficient technical skills to be able to operate Zoom or have someone available who will assist me if needed. I also understand that SCA will provide the Zoom license and that some basic training and rehearsal will be provided to me and my co-presenters prior to the conference/symposium. *

☐ Yes

☐ No

SCA will provide basic training on how to use Zoom; however, it is important to become familiar with Zoom by April 2027 in order to successfully present your workshop.

Signature: *

[clear](#)

*Submission Deadline is November 1, 2026