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**Presentation Proposal**

25th Annual MnATSA Conference

April 20-22, 2022 Virtual on Whova

**All forms must be received by Friday, October 22, 2021**

Complete the following form by typing the data into the gray boxes, which will expand to accept your responses. The following information will be used as application for Continuing Education Credits and parts will be used in the Conference Brochure and Conference Program, so it is important that each part be completed. Save the completed document with a new name by adding your name to the document title.

E-mail this newly named document to 4mnatsa@gmail.com

Presentations will be pre-recorded for this virtual conference. MnATSA will work with presenters to help them know how to record their workshop. Presenters will receive a free conference registration.

**90 Minute Workshop Information**

**TITLE OF WORKSHOP:**

**WORKSHOP LENGTH:** All workshops are 90 minutes. When preparing your workshop, please remember that participants are expecting it to be geared to the specific areas and information you give in this proposal.

**TOPIC POPULATION (Choose one):**  Child  Adolescent  Adult  All Ages

**PRESENTER NAME(S) AND CREDENTIALS:** The following information will be printed in the Conference Program as your contact information. Please ensure that this is complete and accurate. Please enter your WORK address, phone and e-mail rather than your personal contact information.

**Lead Presenter**: First Name       Last Name       Degree(s)

Organization:
 Address:       City      State      Zip

Telephone:       e-mail:

Licensure:      Professional Membership:

**Co-Presenter #1**: First Name       Last Name       Degree(s)

Organization:

Address:       City:      State:       Zip

Telephone       e-mail

Licensure:       Professional Membership:

**Co-Presenter #2**: First Name       Last Name       Degree(s)

Organization:

Address       City       State       Zip

Telephone       e-mail

Licensure       Professional Membership

If there are more than three presenters please copy and paste the above and fill out for other presenters.

**\*\*PLEASE ATTACH A CURRENT CV FOR EACH PRESENTER**

**BRIEF BIO AND PROFESSIONAL INFORMATION –** This **must** be completed by each presenter in your workshop as it is also needed for the application for Continuing Education Units (3-5 sentences in length for each presenter, not to exceed 100 words.) **Brief bio**:

**WORKSHOP ABSTRACT/OVERVIEW for REGISTRATION BROCHURE** - Please provide enough information so that a person can make a decision about attending the workshop. Will it be advanced enough or too advanced, relevant to their interest, what will they learn more about, etc. This **must** be completed as it is also needed for the application for Continuing Education Units. Average is 80-100 words in length. Abbreviated abstract:

**LEARNING OBJECTIVES (Must provide four)**

At the conclusion of this workshop, the participants should be able to (e.g. recognize, identify, list, summarize, demonstrate, diagnose, etc...):

1.

2.

3.

4.

**TRUE/FALSE QUESTIONS TO MEASURE LEARNING OBJECTIVES (Must provide four)**

1.

2.

3.

4.

**METHODOLOGY OF DELIVERING OBJECTIVES (Check all that apply)**

 Lecture Clinical Case Examples/Discussion Q & A

**INTENDED AUDIENCE (Check all that apply)**

 Psychologists Social Workers Marriage and Family Therapists Licensed Professional Clinical Counselors Licensed Professional Counselors Attorneys

**AREA OF LEARNING (Check all that apply)**

 Clinical Teaching Ethics Supervision Research Re-entry