
Formal Workshop Application for Presentation



Application Directions:

Complete the attached application in the spaces provided as directed below. If the application is for multiple-days or concurrent sessions, we must have all the information requested below for EACH session.

1. **WORKSHOP TITLE:** Limit to 60 characters.
2. **WORKSHOP DESCRIPTION:** A paragraph describing the session and what you will cover.

Example:

To Speak or Not To Speak: How to do an effect presentation

Do you fear speaking in front of an audience? Would you rather have a tooth pulled than to stand in front of perfect strangers and talk? Does the very thought of public speaking make your hands sweat, your throat go dry and your heart pound? If any or all of these describe you, then you'll want to attend this workshop. You'll learn the secret that every public speaker knows about anxiety. You'll learn what you need to do to improve on your public speaking skills. And you'll learn who should never get in front of an audience to speak.

3. **WORKSHOP TARGETED LEVEL:** (Open, Entry, Intermediate, Advanced)

Open Level includes community advocates, family members and concerned others. Entry level includes CDCA & Registered Applicants for Prevention. Intermediate Level includes, LCDC II, LSW, LPN. Advanced Level includes PC, PCC, LISW, LCDC III, LICDC, RN, Ph.D. and MD.

4. **AGENDA:** Provide a detailed description of what you will do during the time allotted. Please indicate time for all segments, including breaks and meals.

Example:

9:00-10:30	Comparisons of co-morbid diagnosis Treatment options that work
10:30-10:45	Break
10:45-12:00	Chemical Dependency Eating Disorders Self-Injurious Behaviors Interactions between diagnoses

5. **LEARNING OBJECTIVES:** List 3-5 learning objectives. **Format as what participants will be able to DO after the session**, not what the presenter intends to **COVER during** the session. Begin or use in the sentence each objective with a verb from the attached list of behavioral verbs*.

6. **PRESENTER INFORMATION:** Name, mailing address (street, city, state, zip and country if outside US), day and evening phone numbers, email. Also include degrees, professional license numbers, expiration dates, and states where they are valid. End with current job description (one sentence) & a short bio for marketing purposes.

Example:

John Smith

Licensed Psychologist, #043-005630, GA - Expires 10-31-03

1443 Euclid St SW

Starke, FL 32237

909-123-4567 (d)

909-987-6543 (e)

email: jsmith@emailsrus.com

Job Description: Associate Professor, ABC University, Psychology Department

Bio: John Smith, Ph.D. is a licensed psychologist with a current clinical practice focus in adult services. His practice includes conducting assessments, testing and evaluation, creating treatment plans and conducting individual and group psychotherapy for individuals with emotional and behavioral problems, including chemical dependency disorders.

7. **RESUMES / CURRICULUM VITAS:**

Attach a current resume, to include: education, training, **degrees, major area(s) of study, institution(s) from which degree(s) were received, and year(s) received**; publications, presentations, and any pertinent experience that qualifies the presenter on the topic to be presented.

8. **EQUIPMENT REQUIRED:** Select the equipment you need to conduct your workshop.

9. **HANDOUTS:** Copies of each handout you plan to distribute during your workshop.

10. **BIBLIOGRAPHY (references or other valid sources of information)**

Provide a minimum of 5 resources used to research the topic and/or for further reading by the attendee. Please do not include more than one source authored by the presenter. Please submit in correct bibliographic format.

VERB LIST FOR WRITING OPERATIONAL/BEHAVIORAL OBJECTIVES*

KNOWLEDGE	COMPREHENSIVE	APPLICATION	ANALYSIS	SYNTHESIS	EVALUATION
Cite	Associate	Apply	Analyze	Arrange	Appraise
Count	Classify	Calculate	Appraise	Assemble	Assess
Define	Compare	Complete	Contract	Collect	Choose
Discover	Compute	Demonstrate	Criticize	Compose	Critique
Draw	Contrast	Dramatize	Debate	Construct	Determine
Identify	Describe	Employ	Detect	Create	Estimate
Indicate	Differentiate	Examine	Diagram	Design	Evaluate
List	Discuss	Illustrate	Differentiate	Detect	Grade
Name	Distinguish	Interpret	Distinguish	Formulate	Judge
Point	Estimate	Interpolate	Experiment	Generalize	Measure
Quote	Explain	Locate	Infer	Integrate	Rank
Read	Explore	Operate	Inspect	Manage	Rate
Recite	Express	Order	Inventory	Organize	Recommend
Recognize	Extrapolate	Predict	Question	Plan	Revise
Record	Interpret	Practice	Separate	Prepare	Score
Relate	Interpolate	Relate	Summarize	Prescribe	Select
Repeat	Locate	Report		Produce	Test
Select	Predict	Restate		Propose	
State	Report	Review		Specify	
Tabulate	Restate	Schedule		Synthesize	
Tell	Review	Sketch			
Trace	Translate	Solve			
Write		Translate			
		Use			
		Utilize			

Behavioral Terms that are NOT measurable and do NOT meet ADAMHSCC criteria for approval.

Appreciate	Communicate	Increase
Be aware of	Enjoy	Know how to
Be able to know	Grasp the significance of	Learn how to
Be familiar with	Have an understanding of	Motivate

Applicant must state objectives in operational/behavioral terms.

1. **Workshop Title:** *(limit 60 characters)*

2. **Workshop Description:** *(limit 700 characters)*

3. **Workshop Targeted Level:** *(check one)*

Open

Entry

Intermediate

Advanced

4. **Agenda:** *(limit 400 characters)* AM Agenda

PM Agenda

5. **Learning Objectives:** *(limit 700 characters)*

6. Presenter Information:

Name:

Address:

City:

State:

Zip:

Phone:

E-mail:

Qualifications/Degrees/License Number/Etc.:

Job Title/Description:

Short Biography:

7: Resumes/Curriculum Vitas: Attach a Word or PDF document

8. Equipment Required: *(check all that apply)*

No equipment needed

Computer

LCD Projector/Monitor

Overhead Projector

Slide Projector

CD/Cassette player

VCR/DVD

Internet access

Flip Chart

Microphone

Other:

9. **Handouts**: Attach a Word or PDF document for each of your handouts.

10. **Bibliography (references or other valid sources of information)**: *(limit 1,000 characters)*

Mail to:
Scott Osiecki
Director of External Affairs
ADAMHS Board of Cuyahoga County
2012 West 26th St., 6th Fl.
Cleveland, OH 44113

Be sure to attach your resume and/or
handouts to your e-mail.