

PRESENTER'S INFORMATION (RFP)

Please thoroughly review the **CE Approval Guide and Checklist** for detailed information and instructions. It is important that **all** instructions are followed, and **all** criteria are met to provide approval for the workshop and to provide continuing education credits. Please use RFP form; RFP should be completed in Microsoft Word. If you have any questions, please contact PA APT CE Director, Amanda Gregory, via email (ce_director@paapt.org) or phone (814-319-3389).

Primary Presenter:

Name:
Address:
Preferred Phone Number:
Email:
Title:
Education (Degree/Field):
License/Credentials:
Work Setting:
Organization/Address:

Are you a RPT or RPT-S or SB-RPT or None

Additional Presenter(s):

Name:
Address:
Preferred Phone Number:
Email:
Title:
Education (Degree/Field):
License/Credentials:
Work Setting:

Organization/Address: _____

*Additional Presenter should provide a Biography and Vitae/Resume (See Below)

Are you a RPT or RPT-S or SB-RPT or None

Presentation Details:

Date of Presentation: _____

Location of Presentation: _____

Contact (“in person” instruction and presenter in real time)

Non-contact (participate attends distance, home study, correspondence programs or live or recorded webinars)

Category/Level:

Foundational (Workshops needed to responsibly practice play therapy, e.g. ethics, theories, playroom set-up, and choosing toys.)

General Interest (Workshops for practicing play therapists who have solid play therapy foundational training and experience.)

Advanced (Workshops for participants who have received 200 or more hours of play therapy training and experience.)

Special Topics/Population

Please check the area(s) that most appropriately describes your proposal:

Attachment Issues

Family Play Therapy

Research

MultiCultural Factors/Competence

Play Therapy Techniques

Sandplay/Sandtray

Play Diagnosis and Assessment

Short-term Play Therapy

Trauma Issues

Play Therapy Theories

Play Therapy in Schools

Play Therapy with Adolescents, Adults, or Elders

Ethics

Play Therapy Supervision

Other: (please specify)

Theoretical Focus:

Adlerian

Eriksonian

Non-Directive

Attachment

Experiential

Object Relations

Child-Centered

Family Systems

Prescriptive

Cognitive

Filial

Psychoanalytic

Developmental

Gestalt

Psychodynamic

Directive

Humanistic

Psychometric

Ecosystem

Integrative

Relationship

Eclectic

Jungian

Systemic

Please provide the following (in accordance with CE Approval Guide and Checklist):

1. Title:

2. Overview: A description that is no longer than 40 words.

3. Abstract: (250 words max) A summary of the presentation and the proposal's theoretical framework.

4. Learning Objectives: List at least 3 objectives written in behavioral terms; if more than 3 CE hours, list 1 objective for each hour of instruction. Please see attached APA Writing Behavioral Learning Objectives.

Presentation Length

3 hours (one 15 minute break for 3.0 contact education hours)

6 hours

Other _____

Instructional Methods

Lecture

Demonstration

Audio/Visual

Experiential Practice

Small/large group discussion

Case examples

- 7. Audio Visual needs:

- References: 3-5 sources at least 3 of which must be published within the past 5 years in contemporary, peer-reviewed, scientific literature that support the content of your program (no more than one may be your own).

- Post-test: 6-8 questions per CE credit hour; majority written in multiple choice format with only 1-2 true or false questions

- Presenter Biography for written materials and introductions.

Send one copy of the following (attachment): Presenter's Vitae/Resume

Attestation of Presenter(s):

I/We (print names) _____ attest that I/we have the requisite education, training, and/or experience in the mental health profession to be qualified to teach and present on the topic under review. _____ (initial)

I/We (print names) _____ attest that the educational content in my/our proposal will enhance the professional proficiency of play therapy practice, supervision, instruction, and/or adjunct play therapy activities and responsibilities. _____ (initial)

I/We (print names) _____ agree to declare any conflicts of interest or commercial support for the program being taught. _____ (initial)

I/We (print names) _____ provide a statement describing the accuracy and efficacy of the materials being presented, the empirical basis of such statements, the limitations of the content being taught, and both the severe and most common risks. _____ (initial)

Signature of Primary Presenter

Date

Signature of Co-Presenter

Date