**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 the RFP form. 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 **(for virtual only, not for in-person workshops)**
* **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