

Virtual Presentation Application

NASW-GA Chapter is interested in receiving compelling proposals on relevant and/or emerging issues. Our Call for Presentations does not mean automatic acceptance. The proposal will be reviewed and the presenter will receive notification of whether or not it has been accepted.

IMPORTANT NOTES-PLEASE READ
Please use brevity in the submission of your proposal.
Presentations should be targeted toward social work practitioners and students, as well as other allied health and mental health practitioners.
*Below please check the area of practice relevant to your presentation

Check Your Presentation Topic Area

- | | | |
|---|--|---|
| <input type="checkbox"/> Addictions Prevention/Treatment
<input type="checkbox"/> Administration/Management
<input type="checkbox"/> Adolescent Violence
<input type="checkbox"/> Aging
<input type="checkbox"/> Case Management
<input type="checkbox"/> Child Welfare
<input type="checkbox"/> Clinical Mental Health Practice
<input type="checkbox"/> Community Organization
<input type="checkbox"/> Conflict Resolution/Mediation
<input type="checkbox"/> Co-occurring Disorders
<input type="checkbox"/> Corrections/Forensic/Juvenile Justice
<input type="checkbox"/> Cultural Diversity
<input type="checkbox"/> Depression/Anxiety
<input type="checkbox"/> Development Disabilities | <input type="checkbox"/> EAP/Occupational Social Work
<input type="checkbox"/> End of Life Care
<input type="checkbox"/> Gay/Lesbian Issues
<input type="checkbox"/> Grief and Loss Issues
<input type="checkbox"/> Group Work Issues
<input type="checkbox"/> Health/Hospital/Long-term Care
<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Housing/Homelessness
<input type="checkbox"/> Legal/Ethical Issues
<input type="checkbox"/> Marriage and Family Therapy
<input type="checkbox"/> Mediation
<input type="checkbox"/> Medical
<input type="checkbox"/> Men's Issues
<input type="checkbox"/> Policy/Research | <input type="checkbox"/> Political Development
<input type="checkbox"/> Residential Treatment
<input type="checkbox"/> Rural Social Work
<input type="checkbox"/> School Social Work
<input type="checkbox"/> Self-Care & Wellness
<input type="checkbox"/> Social Work Advocacy
<input type="checkbox"/> Social Work Education
<input type="checkbox"/> Social and Economic Justice
<input type="checkbox"/> Spirituality
<input type="checkbox"/> Technology in Practice
<input type="checkbox"/> Veterans Issues
<input type="checkbox"/> Violence in the Workplace
<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Other: _____ |
|---|--|---|

Virtual Presentation Application Submission Deadlines

Applications for Fall-Winter Virtual Presentation are being accepted from September 27, 2022 to December 1, 2022.

Applications for Spring—Summer Virtual Presentations are accepted from December 1, 2023– April 29, 2023.

Please Email Applications to Avery Willis, NASW-GA Event and Communication Specialist at awillis.naswga@socialworkers.org

In subject box write Virtual Presentation Application

Do Not Fax Applications

NASWGA Virtual Presentation Application Form

If the presentation has more than one presenter; identify the lead. All correspondence for your presentation (if selected) will be sent to the lead presenter. It is the lead presenter's responsibility to disseminate all necessary material or information to the other presenters in the group.

Presentation Title: We suggest 10 words or less

Title

Level of Practice the session is geared towards	<input type="checkbox"/> General	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Intermediate	<input type="checkbox"/> All practice levels

Audience	<input type="checkbox"/> Administrative	<input type="checkbox"/> Clinical	<input type="checkbox"/> Student	<input type="checkbox"/> General Interest
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***Qualified Presenter (s)/ Fill Out Completely & Attach a Resume for Each Presenter**

Name:	Lead (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Agency/Organization:

Job Title:	Academic Degree(s)	Credentials (if applicable)
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Mailing Address

Work Phone:	Home Phone:	Cell Phone:
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Email:

Qualified Co-Presenter's Name (if applicable)

Agency/Organization

Job Title	Academic Degree(s)	Credentials (if applicable)
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Mailing Address

Work Phone	Home Phone	Cell Phone
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Email

**Length of Presentation
Please check one box**

- 1.5 Hour (With one 15-minute break)
- 3.0 Hours (Will be divided into **two** 1.5 hr. sessions with a 30-minute break between sessions)
- 6.0 Hours (Will be administered over the course of 2 days and divided into **two** 1.5 hr. sessions with a 30-minute break between sessions)

*Other session times are considered. Please note session time:

Please Describe Method of Presentation (maximum 3,000 characters)

Please use and attach a separate sheet to present your Method of Presentation

Method should include the following: Issue focus, Program description, Target population (students, practitioners, policy makers etc.), Social work practice intervention, research or policy change, results, conclusion and implications for practice, policy, professional development, education or research.

Provide Presentation Objectives
You may use and attach a separate sheet to outline your objectives
1. 2. 3. 4. 5.

Resume & Curriculum Vitae (Brief Bios are <u>not</u> accepted)		
Submit Resume(s) and/or Curriculum Vitae(s) for All Presenters		
Directions		
<ul style="list-style-type: none"> • A completed and typed application form. <i>Hand written, or incomplete forms will not be considered.</i> • Resume, curriculum vitae for <u>all</u> presenters. • Review the Virtual Presentation Application FAQ • Recommended but not required: Include information on previous presentations, if applicable, and names/addresses of references who are familiar with your previous presentations. 		
Mailing and electronic submissions will be accepted. Please send your proposal, resume, and any supporting documentation (mail to & e-mail addresses listed on page 1).		
*Do You Require a Tech Rehearsal? <input type="checkbox"/> Yes <input type="checkbox"/> No The presenter will present in front of your own computer using a webcam for discussion. NASW will set up a webinar with the presenter to teach them how to use and become comfortable with this platform.		
Honorarium & Agreement		
I/we understand that I/we will receive a continuing education presenter certificate for my virtual presentation. Fee for presentations, if applicable, are negotiated with the NASW-GA Executive Director. Please send your fee requests to Cheryl Bonneau at exec.naswga@socialworkers.org . The presenter is responsible for any costs relating to the course preparation.		
<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Presenter's Signature: <i>(must be signed by lead presenter)</i></td> <td style="width: 40%;">Date</td> </tr> </table>	Presenter's Signature: <i>(must be signed by lead presenter)</i>	Date
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For Official Use Only		
<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Reviewed by _____</td> <td style="width: 30%;">Date Received</td> </tr> </table>	Reviewed by _____	Date Received
Reviewed by _____	Date Received	
Recommended by _____		
Requested by _____ Considerations: _____		
Category _____		
Other _____		
Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Request Additional Information		
Reason(s) for not accepting at this time:		
Date:		

*Email application questions to Avery Willis at awillis.naswga@socialworkers.org
Thank you for submitting your application!*