

Virtual Presentation Application

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

Virtual Presentation Application Submission Deadlines

Applications for Fall-Winter Virtual Presentation are being accepted from September 27, 2020 to December 1, 2020.

Applications for Spring—Summer Virtual Presentations are accepted from December 1, 2020 – April 29, 2021.

Please Email Applications to: naswgavirtualcall@gmail.com

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 |
|-----------------|---|-----------------------------------|----------------------------------|---|

***Qualified Presenter (s)/ Fill Out Completely & Attach a Resume for Each Presenter**

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

Agency/Organization:

| | | |
|------------|--------------------|-----------------------------|
| Job Title: | Academic Degree(s) | Credentials (if applicable) |
|------------|--------------------|-----------------------------|

Mailing Address

| | | |
|-------------|-------------|-------------|
| Work Phone: | Home Phone: | Cell Phone: |
|-------------|-------------|-------------|

Email:

Qualified Co-Presenter's Name (if applicable)

Agency/Organization

| | | |
|-----------|--------------------|-----------------------------|
| Job Title | Academic Degree(s) | Credentials (if applicable) |
|-----------|--------------------|-----------------------------|

Mailing Address

| | | |
|------------|------------|------------|
| Work Phone | Home Phone | Cell Phone |
|------------|------------|------------|

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 an hourly rate of \$50.00/per hr. and a continuing education presenter certificate for my virtual presentation. The rate is the same if there is more than one presenter (co-presenters are responsible for working out the splitting of earned fees). Hourly rates are paid based on the number of continuing education clock hours earned by the attendees. 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 |
| Presenter's Signature: (<i>must be signed by lead presenter</i>) | Date | |
| 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: | | |

Application questions call 678-691-2112 or E-mail: naswgavirtualcall@gmail.com
 Thank you for submitting your application!