



A Call for Papers

for the

2017 NATSAP Midwest Regional Conference

**** Please also submit nominations for the Excellence in Service Awards! These awards will highlight the amazing front line staff, therapists, teachers, nurses, etc. that make our programs so great. Submissions include a paragraph about what makes the staff amazing and a picture of the staff at work.**

**Wednesday, September 13 – Thursday September 14, 2017
The Abbey Resort
Fontana, Wisconsin**

Conference Chairs

Carey Lillehaug, MSW
Northwest Passage, Ltd.
CareyL@nwpltd.org

Kristin Friesen, LCSW
Sonia Shankman Orthogenic School
kfriesen@oschool.org

If you are interested in presenting at our 2017 NATSAP Midwest Regional Conference:

Please complete this **application in its entirety**, including the following:

- ❑ Enclose an abstract of 300-500 words prepared specifically for this request of papers. Indicate whether the presentation will be clinical, theoretical, or research based.
- ❑ Please include a brief summary (100 words or less). If your presentation is accepted, this description will be used in our conference materials.
- ❑ A copy of your curriculum vitae or resume, including a short (4-6 line) biographical statement. This will be used for our application to continuing education provider organizations. This is to include what qualifies you to make the presentation.
- ❑ A list of prior presentations to regional and conferences for the last two years.

Please note:

- ❑ Presentations will be limited to one or two speakers / authors, unless it is a panel format. Presentations will be an hour and fifteen minutes in length.
- ❑ Designate a primary author in your proposal. Only that person will receive communication from NATSAP and will then be responsible for informing any co-presenters. (pg. 4)

I, _____, acknowledge that I have submitted all of the requested items, as listed above.

I further acknowledge that as a presenter, I agree to bear my own expenses and conference registration fees along with accommodations for the conference.

Deadline for receipt of proposals is July 30, 2017

Please submit copies of this document, the abstract, the summary, and your resume to:

Darnella Parks
Director of Conferences, NATSAP
darnella@natsap.org

Kristin Friesen, LCSW
Sonia Shankman Orthogenic School
kfriesen@oschool.org

Presentation Proposal

2017 NATSAP Midwest Regional Conference

The NATSAP Midwest Conference Committee requests submissions that will fall into specific interest areas within one of several tracks.

Please specify the interest area of your presentation (*please check only one*):

- Residential
 - Children & Adolescent
 - Young Adults
- Wilderness / Outdoor
- Leadership

Within the above interest areas, please specify the track of your presentation (*please check only one*):

- Academic
These presentations will be directed toward educators responsible for the academic environment at your program.
- Administrative - Leadership
These presentations will be directed toward, executive directors, program directors, and others who are involved in the leadership of a program.
- Clinical
These presentations will be geared to clinical directors, primary therapists, recreation therapists, substance abuse counselors, and others who are involved in addressing clinical concerns.
- Direct Care
These presentations will be geared to direct care staff, outdoor and/or boarding school who are involved with the direct care of students/clients in these settings.
- Transition
These presentations will address the needs for successful transitions home and/or to other programs or schools and will be directed toward clinical directors, therapists, and others who are involved in ensuring a successful transition from their program.

Title of Presentation: _____

Have you presented, or do you plan to present, this particular topic at another conference?

- Yes
- No

If yes, please list:

Conference: _____ Date: _____

Presentation Proposal

2017 NATSAP Midwest Regional Conference

Name of Primary Presenter: _____
(Please include all appropriate degrees and certifications.)

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Presenter: _____
(Please include all appropriate degrees and certifications.)

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Is this a Panel Presentation? _____
(If this is a panel, please attach contact information and resumes for all co-presenters)

Topic Addressed: _____

Base: _____ Clinical _____ Theoretical _____ Research

Three Teaching Goals:

1. _____

2. _____

3. _____

Provide two true/false or multiple choice questions participants will be able to answer if they are attending your presentation:

1. _____

2. _____