



## Call for Presentations Form

### NATSAP WEBINARS

Thank you for your interest to present on a NATSAP webinar.

Please complete this form and return to [shanita@natsap.org](mailto:shanita@natsap.org)

One form must be completed for each webinar topic.

Proposals are accepted from both members and nonmembers.

If you are looking for ideas for your submission, you can locate presentation categories in any of the content areas approved by NBCC. Suggested presentation categories are as follows:

- Advancements in Clinical Counseling Practice
- Multicultural/Social Justice Counseling
- Student/New Professional Topics
- Ethical Concerns
- Self-Care/Burnout/Work-Life Balance
- Couples/Marriage/Family Counseling
- Collaboration with Other Clinical Disciplines
- Clinical Supervision
- Innovative Evidence Based Practices
- Innovative Treatment Planning
- Integrative Expressive and Creative therapies
- Private Practice/Small Business/NPO Development
- Innovations in Substance Abuse Counseling
- Stages of Professional Development
- Brain Function and Neuroscience

**A. Complete the form below**

**B. Please attach your current CV and photo for CE approval and promotional purposes**

**C. Complete the attached Speaker Disclosure Form**

**D. Complete NBCC Presenter Qualification Form**

**E. Due Date for the A-D documents is on a rolling basis**

**SPEAKER INFORMATION (PRIMARY)**

<b>Name:</b>		
<b>Title:</b>		
<b>Degree(s):</b>		
<b>Affiliation:</b>		
<b>Contact Information:</b>	<b>Phone:</b>	
	<b>E-mail:</b>	
<b>Mailing Address:</b>		
<b>Speaker Biography</b> ( <i>Your bio should be 100-150 words, please do not ask us to edit your CV or type</i> ):		

**SPEAKER INFORMATION (ADDITIONAL, IF APPLICABLE)**

<b>Name:</b>		
<b>Title:</b>		
<b>Degree(s):</b>		
<b>Affiliation:</b>		
<b>Contact Information:</b>	<b>Phone:</b>	
	<b>E-mail:</b>	
<b>Mailing Address:</b>		
<b>Speaker Biography</b> ( <i>Your bio should be 100-150 words, please do not ask us to edit your CV or type</i> ):		

**SESSION INFORMATION (if more than one speaker, this section should be an overview of entire session)**

Session Title:	<i>(no more than 80 characters including spaces)</i>	
Requested Length of session (if you can vary your presentation time, give time range): _____		
Requested date(s) for webinar (dates are not guaranteed): _____		
Session Synopsis <i>(100-150 words)</i> :		
Target Audience Description (who should attend):		
<b>Instructional Level:</b> <i>(Double click on appropriate level)</i>		
<input type="checkbox"/> Introductory	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Please list the observable and measureable learning objectives for your session: *(3-4 objectives for a program under 4 hours, 5-6 objectives for a program over 4 hours)*

1.	
2.	
3.	
4.	

**WRITING BEHAVIORAL LEARNING OBJECTIVES**

- Learning objectives, or learning outcomes, are statements that clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity.
- Learning objectives must be **observable and measurable**.
- Learning objectives should (1) focus on the learner, and (2) contain action verbs that describe measurable behaviors.
- Verbs to consider when writing learning objectives:  
list, describe, recite, write compute, discuss, explain, predict apply, demonstrate, prepare, use analyze, design, select, utilize compile, create, plan, revise assess, compare, rate, critique
- Verbs to avoid when writing learning objectives  
know, understand, learn, appreciate, become aware of, become familiar with

**Example of well-written learning objectives:**

This workshop is designed to help you:

- Summarize basic hypnosis theory and technique;
- Observe demonstrations of hypnotic technique and phenomena;
- Recognize differences between acute and chronic pain;
- Utilize hypnosis in controlling acute pain;
- Apply post-hypnotic suggestions to chronic pain; and
- Practice hypnotic technique in dyads.

**REFERENCES**

**Please provide a list of at least five references (research and/or theoretical) supporting the content of your presentation:**

1.	
2.	
3.	
4.	
5.	

**UTILITY/VALIDITY**

**Please list the limitations, severe risks, or most common risks (if any) found in the content of your presentation. If your presentation includes discussions of clinical assessments, treatments, or interventions, please describe the evidence of this information:**

--

# Speaker Disclosure Form

## SPEAKER DISCLOSURE FORM

It is the policy of the National Association of Therapeutic Schools and Programs (NATSAP) to ensure balance, independence, objectivity, and scientific rigor in all individually sponsored or co-sponsored educational programs. Any person who is engaged in content development, planning or presentation must complete this form. Individuals who fail to complete this form may not participate in the Continuing Education activity. All conflicts of interest will be resolved and disclosure made to activity participants. Please mark the appropriate boxes below and complete any required information.

Activity/Program Title:

Your Name:

My role in this Program:  Presenter  Author  Moderator  Panel  Planning Committee

## Disclosure

*Conflict exists when you have a financial interest in a company and the opportunity to affect the continuing education program content about that company's product or service as it relates to your presentation at this program. Have you (or your spouse/partner) had a personal financial relationship in the past 12 months with the manufacturer of the products or services that will be discussed in this continuing education activity?*

- No** I have no real or apparent conflicts of interest.  
 **Yes** Please list your disclosures and resolutions below

Commercial Interest	List Your Role and Nature of Relevant Financial Relationship
Company	Examples: Recipient of grants/research support, honoraria, royalty, employee, consultant, speaker's bureau, board member, advisor or review panel member, independent contractor, ownership interest (stocks, stock options, or other ownership interest excluding mutual funds, holder of intellectual property rights or other (please identify). Use additional pages as necessary.

## Copyright Declaration

- I will adhere to Copyright Law as it pertains to educational programs for all information obtained from other sources, to the best of my knowledge, in preparing my presentation and/or instructional materials.

## Resolution of Conflict of Interest

If you indicated a conflict of interest above, please indicate below how the conflict of interest will be resolved:

### Presenters, Authors, Moderators, Panel Members

- I will refrain from making recommendations regarding products or services  
 I will recommend an alternative speaker  
 I will divest myself of the financial relationship

### Planning Committee Members, Meeting Coordinators

- To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.  
 I will recuse myself from planning activity content in which I have a conflict of interest.

*Additional information may be requested to resolve the conflict of interest.*

*Disclosure will be made to participants prior to the educational activity.*

NATSAP Office Use | Date of Resolution of Conflict of Interest: \_\_\_\_\_ Resolved By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# NBCC Presenter Qualification Form

In order for a provider to offer and issue NBCC continuing education credit, the program must satisfy the following requirements: the subject matter must be directly and primarily related to an NBCC content area, and the presenter of the program must qualify as a presenter for the subject matter presented. Qualifying programs must be taught by presenters who possess appropriate qualifications, as required by the NBCC *Continuing Education Provider Policy*.

Presenter Name: \_\_\_\_\_

Current Position Title: \_\_\_\_\_

Title of program or session/workshop that he or she will present:

The subject matter of this program is directly and primarily related to the following NBCC content area(s) (policy, section G) General Topic Areas: **(Please select the content area(s) or topic(s) that best represent your presentation.)**

Counseling Theory/Practice and the Counseling Relationship

Group Dynamics and Counseling

Research and Program Evaluation

Human Growth and Development

Career Development and Counseling

Counselor Professional Identity and Practice Issues

Social and Cultural Foundations

Assessment

Select the presenter category appropriate for this individual (check one): \*\*\* (See following page)

Category 1 Presenter

Category 2 Presenter

Category 3 Presenter

Presenter

	Degree	Major or Field of Study	Institution	Year
Master's				
Doctorate				
Other				

Training Relevant to Topic Presented/Authoried:

Professional Licenses or Certifications:

**A curriculum vitae, résumé or other documentation to verify education, experience and/or training must be attached to this form for each presenter.**



# NBCC Presenter Qualification Form

In order for a provider to offer and issue NBCC continuing education credit, the program must satisfy the following requirements: the subject matter must be directly and primarily related to an NBCC content area, and the presenter of the program must qualify as a presenter for the subject matter presented.

Qualifying programs must be taught or authored by presenters who possess appropriate qualifications, as required by the NBCC Continuing Education Provider Policy. Qualified presenters and authors are classified by three (3) specific categories. The following categories identify the relevant education and/or experience requirements for a presenter to qualify to present/author programs that are offered for NBCC continuing education credit.

## Presenter Category:

1. Category 1 Presenter Qualifications:
  - a. Hold a graduate degree in a mental health field from a regionally accredited educational institution; and,
  - b. Be qualified by appropriate education, experience, and/or training to present/author the particular subject matter, or author the publication concerning the subject matter
2. Category 2 Presenter Qualifications:
  - a. Hold a graduate degree from a regionally accredited educational institution directly related to the subject matter; and,
  - b. Be qualified by appropriate education, experience, and/or training to present/author the particular subject matter, or author the publication concerning the subject matter
3. Category 3 Presenter Qualifications:
  - a. Be qualified by appropriate education, experience, and/or training to present/author the particular subject matter, or author the publication concerning the subject matter
4. Additional Presenter Requirements and Restrictions.
  - a. Each program presenter must qualify under this Policy to teach the particular subject matter presented by that individual.
  - b. Honorary academic degrees must not be used to qualify a presenter to present or author programs offered for NBCC credit.
  - c. Individuals who have received academic degrees outside the United States may or may not be qualified to present programs for NBCC credit. Such foreign degreed individuals may be required to submit the results of an international degree equivalency evaluation. NBCC will determine whether the individual qualifies as a presenter under this Policy.

In order for a provider to offer and issue NBCC credit, the program subject matter must be directly and primarily related to one (1) or more of the NBCC Content Areas identified below, and as required by the NBCC Continuing Education Provider Policy. The following categories identify the NBCC Content Areas. The relevant content area(s) must be identifiable in the program objectives.

## Approved General Topic Areas

- |  |  |
|--|--|
| 1. Counseling Theory/Practice and the Helping Relationship | 6. Assessment  |
| 2. Human Growth and Development                            | 7. Research and Program Evaluation                     |
| 3. Social and Cultural Foundations                         | 8. Counselor Professional Identity and Practice Issues |
| 4. Group Dynamics, Processing and Counseling               | 9. Multiple Sessions/Conferences                       |
| 5. Career Development and Counseling                       |  |

If you have any questions or comments, feel to contact:

Shanita Smith

Director, Membership and Public Relations

(P) 301-986-8770

Email: [shanita@natsap.org](mailto:shanita@natsap.org)