



## CALL FOR Virtual Workshops and Presenters

NASW Mississippi Chapter Professional Development

***Proposals Due August 14, 2020***

The National Association of Social Workers-Mississippi Chapter invites you to submit an educational virtual professional development proposal(s) for presentation. Professional development presentations are encouraged in the following areas: addictions, aging, hospice, child and adolescent services, ethics, school social work, mental health, developmental disabilities, diversity issues, terminal illnesses, death and grief, trauma, sexual assault, emergency services, homelessness, domestic violence, teen dating violence, compassion fatigue, health, gender and sexuality issues, self-care, COVID '19 and other social work practice areas. The instructional level may be beginning, intermediate, or advanced. Please submit your proposal and we will review your proposed virtual presentation for approval.

### **Presentation Formats:**

**Workshops:** Virtual workshops will be scheduled either Tuesday or Thursday at 10:15 am -11:45am or 1:45pm-2:45 pm.

**Guidelines for Submission:** Workshop proposals *must be typed* using the attached format and *submitted no later than August 14, 2020*. Proposals must be submitted electronically to: [gbouiehaynes.naswms@socialworkers.org](mailto:gbouiehaynes.naswms@socialworkers.org). The proposal format can also be found on our website: <https://naswms.socialworkers.org/>.

The attached form must include the primary contact's full name, mailing address, phone number, and email address. The primary contact will be the individual with whom the Professional Development Committee will contact about questions and scheduling. The primary contact will be notified of the Professional Development Committee's decision on or before **August 21, 2020**.

**VIRTUAL WORKSHOP APPLICATION**

**NASW Mississippi Chapter Professional Development Workshop**  
Virtual Presentation

**Proposals Due August 14, 2020**

**1. Proposed Workshop Title:**

**2. Length of Session:** Workshop (90 minutes) \_\_\_\_\_  
Workshop (60 minutes) \_\_\_\_\_  
Workshop (120 minutes) \_\_\_\_\_

**3. Instructional level:**

Beginning \_\_\_\_ (post-BSW) Intermediate \_\_\_\_ Advanced \_\_\_\_

**4. Brief description to appear in announcement (50 words or less):**

**5. Identify at least 3 specific learning objectives in terms of “Participants will be able to...”**

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- \_\_\_\_\_

**6. Relevance to Social Work Practice (skills, knowledge, values, ethics).**

This program is relevant to social work practice because.....

**7. Presenter's Data**      **Total number of speakers: \_\_\_\_\_**

Name/Credentials:

Education (Degrees/Majors):

License(s)/Certification(s):

Current Position:

Organization/Agency:

Contact Mailing Address:

Phone:

Fax:

Email:

Bio. : **Please attach CV. Type short bio here.**

School(s) Attended:

Professional Activities (boards/commissions; publications, etc.):

Professional Achievements/Honors:

Other Employment:

**8. Have you presented this workshop before?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and date?

**9. If requested, will you agree to repeat this virtual session?**

Yes \_\_\_ No\_\_

**10. Equipment request:**

Screen share (PowerPoint) \_\_\_\_\_

I will share my screen and PowerPoint \_\_\_\_\_

I will need assistance with screen share and PowerPoint \_\_\_\_\_

**11. Please indicate the virtual workshop time you will present.**

Tuesday 10:15am-11:45am \_\_\_\_\_

Thursday 1:45pm-2:45pm \_\_\_\_\_

Tuesday 1:45pm-2:45pm \_\_\_\_\_

Thursday 10:15am-11:45 am \_\_\_\_\_

**12. Agreement**

As the primary or sole presenter, I agree to commit to presenting the virtual workshop or advanced practice session and to sign the presenter release form for audio recording of my presentation for NASW-MS Virtual library. I agree to notify the NASW MS Chapter office as soon as known if I cannot fulfill the commitment for circumstances beyond the control of the presenter(s).

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Primary or sole presenter's signature

Date

*Additional Presenter Data Form, if needed*

Name/Credentials: \_\_\_\_\_

Education (Degrees/Majors): \_\_\_\_\_

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

Organization/Agency: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Bio: **Please attach CV. Type short bio here.**

Schools Attended

\_\_\_\_\_  
\_\_\_\_\_

Professional Activities (boards/commissions, publications, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Professional Achievements/Honors:

\_\_\_\_\_  
\_\_\_\_\_

Other Employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_