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. 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.
    | Time               |   | Time               |
    |--------------------|---|--------------------|
    | 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).

____________________________________  _______________________
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:

__________________________________________________________

__________________________________________________________