**CALL FOR PRESENTERS**

**The MPA Foundation is open to workshop proposals in all topic areas for MPA/F’s Continuing Education Program. Presentations of particular interest will include research-based, practical procedures and techniques that attendees can adapt and use immediately in their practices. Presenters should be able to discuss and demonstrate specific procedures and models to be used in a particular setting that are geared to the appropriate experience level of the audience. Presenter’s must include a statement that describes the accuracy and utility of the materials to be presented, the basis of such statements, the limitations of the content being taught and the severe and most common risks**. **Please attach a detailed description of the program including objectives. Questions? Contact Veronica Rand @ MPA: ce@marylandpsychology.org or (410) 992-4258**

**\*\*ATTACH A DESCRIPTION OF WORKSHOP, A SHORT OUTLINE, WORKSHOP**

**OBJECTIVES, UP TO 5 REFERENCES AND RELEVANT CITATIONS USED AS A BASIS FOR YOUR PRESENTATION, AND A BRIEF BIO\*\***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone(s) [H] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[W]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would like to suggest the following program:**

**Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal Presenter(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Short Summary of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Honorarium Requirements:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate the level of your presentation: \_\_\_\_\_\_ Introductory \_\_\_\_\_\_\_\_Intermediate \_\_\_\_\_ Advanced**

**Number of actual contact hours of workshop (you may vary the hours; e.g.; workshop is suitable for 2, 3, or 6 hours, or in an expanded version)**

**Lunch & Learn (1.5) 3 4 6 Other\_\_\_\_\_**

**Qualifications for presenting (have your presented before, is this special expertise?):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**References (regarding your presentation experience). Please attach supporting materials.**

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**PLEASE RETURN THIS FORM WITH A CURRENT VITA TO:**

**Maryland Psychological Association**

**C/O Veronica Rand, Continuing Education Coordinator**

**10480 Little Patuxent Parkway, Ste 910, Columbia, MD 21044**

**Or Email to ce@marylandpsychology.org**