



WORKSHOP/KEYNOTE PROPOSAL

New York State School Social Workers' Association

Title of Workshop/Keynote: _____

Workshop Keynote

Subject/topic of the course/educational activity: _____

Attach a workshop description of not more than 100 words that can be used as an **abstract for the conference brochure/flier** as well as **three learning objectives**.

Description of course/educational activity content: _____

Three (3) Learning objectives (measurable) of the course/educational activity in the following format:
“Participants will (learn/ be able to/ understand/ become familiar with/...”

Description of the teaching methods to be used and if any **audio/visual/computer equipment** is required and/or **special seating or space requirements** are needed.

I am willing to do: **A. In Person Presentation:** Yes No **B. Virtual /Webinar** Yes No

2024 Dates Available: November 14 November 15 November 14 & 15 Other: _____

Length of Workshop: 1.0 Hour 1.5 Hours 2 Hours 3 Hours /// These times are Flexible

Primary Audience: Pre-School Elementary Middle High School K-12

Practice Level (Primary audience): **Beginner** (Has little to no knowledge of this topic.)

Intermediate (Has some knowledge of topic and looking to advance their skills.)

Advanced (Very knowledgeable on the topic but looking for more depth of information & skill sets.)

Presentation Style: Lecture Panel Experiential Other _____

PRESENTERS: Please provide a curriculum vitae or resume for EACH instructor that: (1) demonstrates his or her qualifications to conduct the course(s)/educational activities; and (2) includes at least his or her: (a) name; (b) current employment title; (c) degree(s) earned, with name and location of institution, major, and date received; (d) licensure status (if applicable); (e) evidence of expertise on the topic (f) Prior presentations – Topics and Event where presented (g) teaching experience; and (h) previous professional positions.

Primary Presenter: _____ *Resume' and/or vitae required from all presenters.*
Degree/Credentials: _____

Email: _____

Employer: _____ Position: _____

Have you presented before? Where? _____

Have your trainings been previously approved for SW CE/CEUs by the NYSED Office of Professions?

No ____; Yes ____ Please indicate for whom and when: _____

Additional Presenter: _____ Email: _____

Additional Presenter: _____ Email: _____

SPEAKER FEE: NYSSSWA is a small organization with a very limited budget. Speaker costs will be negotiated on an individual basis.

Please send completed form and resumes to Dot Kontak, Director of Communications & Membership Services at Dot.Kontak@nyssswa.org

Thank You.