



New York Association for Play Therapy Regional Training *FREE* Presentation Proposal

All proposals must be submitted with complete information to:

Dr. Jodi Mullen, PhD, LMHC, NCC, RPT-S Counseling & Psychological Services Department 321 Mahar Hall

SUNY Oswego Oswego, NY 13126 Fax (315)- 312 - 3198

WORKSHOP TITLE: _____ Name
& Title (Primary Presenter): _____ License or
RPT/S (if any) : Number _____ State or Country _____
Organization/Affiliation: _____
Mailing Address: _____ City
_____ State _____ Zip _____ Phone _____ FAX _____
Areas(s)/Region(s) of the state where I would be willing to present this workshop: _____

Please list any contracts with regard to potential locations, including agencies, school, or universities you know of in area(s)/region(s) listed above: _____

Please list any limitations including but not limited to time of year, day of the week, month, amount of notice, which would preclude you from conducting proposed workshop:

_____ 1.)
Co-Presenter's Name & Title: _____ License or
RPT/S (if any): Number _____ State or Country _____
Organization/Affiliation: _____ 2.) Co-
Presenter's Name & Title: _____ License or
RPT/S (if any): Number _____ State or Country _____
Organization/Affiliation: _____
Mailing Address: _____

LENGTH OF WORKSHOP: _____ 1.0 hr. _____ 2.0 hrs. _____ 3.0 hrs. _____ 4.0 hrs.

Level:

___ *Beginner* (suited to participants who have little or no training in play therapy)

___ *Intermediate* (suited to those who have a solid foundation in play therapy and approximately 50 hours additional play therapy

instruction)

___ *Advanced* (suited to participants who have received 100 or more hours of play therapy training)

Focus: Clinical ___ Theoretical ___ Research ___ Technique ___ Other ___ **Format:** Lecture ___ Experimental ___ Maximum number of participants _____

Please provide the following supporting documents:

- 1.) **Overview:** A description of your presentation that is no longer than 40 words.
- 2.) **Abstract (250 words max.):** A summary of what you plan to talk about or do and the theoretical background or framework within this presentation fits.
- 3.) **Learning Objectives:** A list of the objectives for your program, i.e. what the participants will learn from attending.
- 4.) **Materials needed:** Provide a list of any audio-visual equipment you will require.
- 5.) **Presenter Vitae/Resumes:** Include a copy of the vitae or resumes of each of the presenters. *These should highlight your play therapy or sandplay therapy training and experience.*

PRESENTER EXPENSES FEES:

NYAPT is currently unable to reimburse any presenter for their transportation and/or hotel expenses. Presenters will not receive a fee for presentation of workshop as participants will not pay to register for free regional training programs/workshops.

FOR THIS PROPOSAL TO BE CONSIDERED YOU MUST SIGN BELOW:

If this proposal is accepted, I guarantee that I will present, at no cost, as a representative of the New York Association for Play Therapy. In the event of a personal emergency that would prevent you from presenting, you agree to make every effort to find a substitute presenter acceptable to NYAPT. I also guarantee that I have all necessary release forms for all examples shown of others' materials. NYAPT is not liable for the content of my presentation. I state that all above-written information is truthful and accurate. All ethical standards of mental health professional associations will be maintained, including the APA's Ethical Principles of psychologists, as they apply to continuing education activities.

Signature _____ Date _____

*Return completed proposal and accompanying documents to: NYAPT Regional Training Coordinator,

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