**RECAMFT Presentation Proposal & Diversity Statement for Presenters 2023**

“The purpose of RECAMFT is to promote and maintain professional competence and integrity with knowledge, innovation, compassion, humor and respect for human dignity and diversity. We do this by providing opportunities for networking, education and community outreach.”

-- RECAMFT Mission Statement

**RECAMFT Diversity Statement**

RECAMFT welcomes the participation of therapists of any ethnicity, race, age, sexual orientation, gender identity, socioeconomic background, physical ability, national origin and religious affiliation. We also seek to promote awareness and sensitivity among our membership of the diverse nature of our potential clients here in Sonoma County.

We ask you, as a presenter at an upcoming RECAMFT meeting, to please consider how your presentation can further our intentions in this respect. Specifically, RECAMFT requests that you use language that is inclusive of all people, and that in your examples or case studies you do your best to discuss diverse clients. Please also take the time to address how your topic might relate to minority populations in addition to majority populations.

Thank you in advance for your participation in manifesting our collective desire to be as welcoming as possible to all of our members and our clients and prospective clients.

**Speaker Opportunity**

Redwood Empire Chapter of CAMFT offers a 1.5 to 6 hour educational presentation at its Monthly General Membership Meeting, usually held the first Friday of the month, around 10AM-12PM, September through June online. Our in-person meetings have been held in the past at Oddfellows Hall, 545 Pacific Avenue, Santa Rosa, or at The Mary Agatha Furth Center, 8400 Old Redwood Highway, Windsor.

We try to set our training schedule up in advance and prefer to receive proposals during our Call for Speakers from April 1st through 30th annually, for review and approval in May, though may occasionally be able to review proposals submitted at other times of the year. When submitted during our annual Call for Speakers, approved presentations will be notified in June and scheduled for the training cycle beginning that September.

PRESENTER REQUIREMENTS

* Our speakers must be licensed in their field. It is also required to show expertise, experience, research, or other qualifications to deliver a training on your specific proposed topic. Please clearly state what education/training you have making you an appropriate speaker for masters and PhD level clinicians. At least two types of verifiable trainings or certifications are required in order to meet the BBS requirements for continuing education programs.
* Current CV or resume.
* Please include a link to any video of you speaking to a group if possible.
* Please include a speaker evaluation summary of any previous presentations if possible.
* Our speakers should provide a visual representation of the course material to support multiple types of learning (Power Point, Prezi, videos, charts, graphs, diagrams, photographic images, etc.).
* Please provide a **professional** head shot with your application. JPEG, JPG, PNG are preferred formats, at least 500x500 at 90dpi.
* Chosen speakers must have a professional web presence.

CONTENT REQUIREMENTS

* A Program Title that indicates clinical component of the training or in some other way signals how it is appropriate to the educational needs of master’s level mental health clinicians.
* A Program Description of 1 to 2 paragraphs is needed. This will be used to advertise the training.
* A minimum of 2 Educational Goals is required for each program.
* A minimum of 2 Learning Objectives are required *for each hour of instruction.* Learning objectives should be quantified and measurable.
* A minimum of 5 academic or other research- or established practice-based References are required in support of the proposed topic. Unless considered seminal works, all references should be current (published within the last 5 years). Please format your reference list using APA 7.
* A syllabus that provides an outline of the proposed program including time allocation for each major section.
* A one-paragraph speaker bio that will be included in the training advertisement.
* A set of quiz questions for participants to test that learning objectives were received after participating in the training, consisting of multiple choice and true/false questions. We need at least 6 questions per hour of training.

DUE DATES AND DEADLINES

* RECAMFT *appreciates* email receipt of your presentation materials and handouts in digital form 45 days prior to your talk so we can more effectively market your presentation.
* RECAMFT **requires** email receipt of your presentation materials and handouts in digital form by the 15th of the month prior to your presentation date.
* Within two weeks in advance of the scheduled training, the RECAMFT Programs Director and event team will meet with you for a pre-check to go over technical setup, gather handouts to be distributed to attendees, confirm post-test, and understand your needs for breakout rooms, etc.

REQUEST FOR PERMISSION TO RECORD

* We greatly appreciate being granted recording rights to your training, in order to support our membership. We typically post the first 30 minutes of a training as a free preview on our website and available to the public on our YouTube or Vimeo channel, which will enhance the speaker’s web presence. The remainder of the video will only be available upon login to our site for authorized viewers (members or purchasers).
* We are providing CEs to those video presentations which are appropriate for this format.

PAYMENT

* Honorarium: We pay speakers an honorarium based on the length of the presentation.
* Mileage: For in-person trainings, we reimburse mileage with the proper expense form at the current IRS rate, for you to travel to/from the event. Please be sure to download the expense form to submit mileage reimbursement.

To apply, please submit this proposal in Word format (no PDFs please, send as Word .docx or .doc) along with a professional headshot photograph, your CV, and any previous presentation evaluation summaries to: [therapy@recamft.org](mailto:therapy@recamft.org).

If you have questions, please direct them to therapy@recamft.org

**RECAMFT Presentation Proposal**

Note: It is acceptable to answer all questions in a separate document. Please – no handwritten applications. Submission of an application does not guarantee you will be chosen as a speaker.

|  |  |
| --- | --- |
| Proposed Presentation Title |  |
| Proposed length (hrs) |  |
| Presenter(s) name(s) |  |
| License Title & #, and other qualifications to deliver training on this topic |  |
| Email |  |
| Phone |  |
| Website |  |
| Link to previous presentation videos |  |
| Past speaker evaluations enclosed? |  |
| Street address |  |
| City, State |  |
| Zip Code |  |
| What is your proposed honorarium? |  |

|  |  |
| --- | --- |
| Short Bio of Presenter(s) (Including degrees, experience, and specializations).  Please provide a copy of your CV along with this proposal. |  |
| Program Description – a 1-2 paragraph overview of what your presentation will deliver to clinicians. The clinical nature of the training should be reflected in the description. This will be posted on the event advertising. |  |

**Educational Goals** - Please write at least 2 Educational Goals for the training.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Learning Objectives** - Please write at least 2 learning objectives for each 60 minutes of your presentation. Learning objectives must be specific and measurable. After completion of the presentation the attendees will:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |
| 11. |  |
| 12. |  |

**Learning Activities/Modalities** - Online, Didactic, Discussion, Video, Experiential, etc. - Please specify if special equipment will be used and if room setup-other than round tables/chairs, will be required. Note: Powerpoint projector, projection screen and microphone provided for in-person events. Speakers *are required* to use the mic for members who are hard-of-hearing and for video recording at in-person events. For Zoom events, please describe need for breakout rooms (how many breakouts, how many people per breakout room, length of each breakout room period) and any other technology support required.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**Discussion questions** - Please suggest several questions attendees could discuss as a group to promote deeper learning.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Diversity issues** - Please explain how you will address diversity in your training (please see first page for RECAMFT Diversity Statement):

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Research** - Please list at least five recent academic/research references, formatted in APA 7 style, that support the clinical, practice, and/or research base of your training. You can format your references in APA at WorldCat.org.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

|  |  |
| --- | --- |
| **Syllabus:**  Outline of the contents of the proposed training, including estimated durations in minutes for each major section, or arranged by time (e.g., 10:00, 10:15, 10:30, etc.)  Please note: One of the most common reasons that we must ask for further information before being able to review a proposal is when the syllabus is not sufficiently detailed. The BBS has specific requirements for the syllabus which we must ensure are met before we are able to offer CEs. The syllabus needs to show how the learning objectives will be met through the offered training.  The syllabus will not be published as part of the advertising. |  |

**Preferred month(s) to speak** – Speaker events are typically scheduled on the second Friday of the month, from September through June. Very occasionally, other days of the month may also be available, either other Fridays or on a Saturday.

Please give top three choices for a second Friday date, and please be sure that you will be available on these dates. If we offer you one of your three choices and you are not available we may not be able to accept your proposal.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**RECAMFT Video Recording Rights and Release**

RECAMFT generally films its speakers, which can offer value to the speaker’s web presence and reputation, and gives our members an additional chance to review missed speakers, or re-watch presentations. You can see the high-quality videos we provide for our members and speakers at <http://recamft.org/videos>.

The first section of a training is typically posted on YouTube or Vimeo for the public to view. The remainder are available behind the RECAMFT log-in for approved users to view (members or purchasers of the program). RECAMFT is able to provide CEs for our on-demand programs in this way. We may charge a fee for this service. By agreeing to be filmed, you waive your right to claim any portion of this income.

\_\_\_\_ I give permission for RECAMFT to record/publish my presentation, and waive my right to any future income RECAMFT may obtain from my presentation.

\_\_\_\_ I give permission for RECAMFT to record/publish my presentation but I do NOT want the first 45 minutes to be made available to the public.

\_\_\_\_ I do not give permission for RECAMFT to record my presentation.

By signing below, you agree that you have represented yourself, your titles, licenses, education and experience accurately and to the best of your ability. You also agree that any licenses you hold are in good standing with your licensing board.

|  |  |
| --- | --- |
| Your signature |  |
| Date |  |

Thank you for your interest in speaking at RECAMFT!

Questions? [therapy@recamft.org](mailto:therapy@recamft.org)