**Proposal Form**

Submit all proposal and accompanying paperwork to [waterandstonesubmissions@gmail.com](mailto:waterandstonesubmissions@gmail.com)

**PART I: PROGRAM OVERVIEW**

Title of Program:

Presenter Name(s) and Credentials:

Target Audience: LCATs and other licensed professionals

|  |  |  |
| --- | --- | --- |
| Class Duration: 1(weeks)      (hrs/wk) | Contact Hours: | # of Sessions: |
| # of Participants (min): 3 | # of Participants (max): | |

Program Content Description (100 words):

|  |
| --- |
|  |

Learning Objectives:(Please provide four observable/measurable objectives):

examples: Participants will be able to…

…list 2 challenges facing clients with depression.

…identify 3 benefits of using meditation in therapy.

…lead a 5-minute guided visualization.

After the presentation/workshop…

|  |
| --- |
| 1. Participants will be able to |
| 1. Participants will be able to |
| 1. Participants will be able to |
| 1. Participants will be able to |

Learning Method:

Live In-Person or  Live Online, ~~or~~  ~~Self-Paced~~):

Program Materials/Resource(s):

Please list all materials/resources you will provide (handouts, reference list, special materials, etc.):

|  |
| --- |
|  |

Supplies provided by W&S

Colored Pencils

Chalk Pastels

Oil Pastels

Markers

Pencils

Glue

Tape

Scissors

Variety of magazines

Variety of colorful paper

9x12 and 12x18 white paper

**PART II: PRESENTER INFORMATION (Please provide CV for each presenter listed)**

**Presenter:**

|  |  |
| --- | --- |
| Name: |  |
| Licenses/Certifications |  |
| Address Line 1: |  |
| Address Line 2: |  |
| City, State, Zip: |  |
| Phone Number: |  |
| Email Address: |  |
| Website: |  |
| Describe relevant training or experience related to proposed topic: |  |

**Co-Presenter:**

|  |  |  |
| --- | --- | --- |
| Presenter Name: | |  |
| Address Line 1: | |  |
| Address Line 2: | |  |
| City, State, Zip: | |  |
| Phone Number: | |  |
| Email Address: | |  |
| Website: |  | |
| Describe relevant training or experience related to proposed topic: | |  |

**Co-Presenter:**

|  |  |  |
| --- | --- | --- |
| Presenter Name: | |  |
| Address Line 1: | |  |
| Address Line 2: | |  |
| City, State, Zip: | |  |
| Phone Number: | |  |
| Email Address: | |  |
| Website: |  | |
| Describe relevant training or experience related to proposed topic: | |  |

|  |
| --- |
| **FOR OFFICE USE ONLY:**  LOCATION WHERE PROGRAM TOOK PLACE:  DATE OFFERED:      TO            # OF CREDIT HOURS       # OF PARTICIPANTS ATTENDED      EST. # MASTERS’S LEVEL THERAPISTS       PROMOTIONAL MATERIALS ON FILE      CLASS AGENDA ON FILE       EVALUATIONS ON FILE      CERTIFICATES SENT/HANDED OUT |