

---

---

# Formal Workshop Application for Presentation



---

---

Complete the application as noted below. If the application is for multiple-days or concurrent sessions, we must have all the information requested below for EACH session.

Please complete the following questions. If attaching additional sheets, please indicate so for each item attached. Attachment layouts must follow examples as shown.

1. **WORKSHOP TITLE**: Please limit to approximately 60 characters.
2. **WORKSHOP DESCRIPTION**: A paragraph describing the session and what you will cover.
3. **WORKSHOP TARGETED LEVEL**: (Open, Entry, Intermediate, Advanced level)  
Open Level includes community advocates, family members and concerned others, Entry level includes CDCA & Registered Applicants for Prevention, Intermediate Level includes, LCDC II, LSW, LPN, and Advanced Level includes, PC, PCC, LISW, LCDC III, LICDC, RN, Ph.D. & MD.
4. **AGENDA**: Attach a detailed description of what you will do during the time allotted. Please indicate time for all segments, including breaks and meals.
5. **LEARNING OBJECTIVES**: List 3-5 learning objectives. Format as what participants will be able to DO after the session, not what the presenter intends to cover during the session. Begin or use in the sentence each objective with a verb from the attached list of behavioral verbs\*.
6. **PRESENTER INFORMATION**: Include the following: name, mailing address (street, city, state, zip and country if outside US), day and evening phone numbers, email. Also include degrees, professional license numbers, expiration dates, and states where they are valid. Also include a short bio for marketing purposes.
7. **EQUIPMENT REQUIRED (We provide a computer and television for presentations. We do not have Wi-Fi.)**:

No equipment

Flip Chart

Other, (specify)

## 8. **RESUMES / CURRICULUM VITAS**

Attach a current resume, to include: education, training, degrees, major area(s) of study, institution(s) from which degree(s) were received, and year(s) received; publications, presentations, and any pertinent experience that qualifies the presenter on the topic to be presented.

## 9. **BIBLIOGRAPHY (references or other valid sources of information)**

Provide a minimum of 5 resources used to research the topic and/or for further reading by the attendee. Please do not include more than one source authored by the presenter. Please submit in correct bibliographic format.

10. **Handouts.**

Submit a copy of your power point presentation along with any handouts you will be using. Also, if you are using videos or any other resources via social media, please identify those reference points for review as part of the approval process.

**VERB LIST FOR WRITING OPERATIONAL/BEHAVIORAL OBJECTIVES\***

KNOWLEDGE	COMPREHENSIVE	APPLICATION	ANALYSIS	SYNTHESIS	Evaluation
Cite	Associate	Apply	Analyze	Arrange	Appraise
Count	Classify	Calculate	Appraise	Assemble	Assess
Define	Compare	Complete	Contract	Collect	Choose
Discover	Compute	Demonstrate	Criticize	Compose	Critique
Draw	Contrast	Dramatize	Debate	Construct	Determine
Identify	Describe	Employ	Detect	Create	Estimate
Indicate	Differentiate	Examine	Diagram	Design	Evaluate
List	Discuss	Illustrate	Differentiate	Detect	Grade
Name	Distinguish	Interpret	Distinguish	Formulate	Judge
Point	Estimate	Interpolate	Experiment	Generalize	Measure
Quote	Explain	Locate	Infer	Integrate	Rank
Read	Explore	Operate	Inspect	Manage	Rate
Recite	Express	Order	Inventory	Organize	Recommend
Recognize	Extrapolate	Predict	Question	Plan	Revise
Record	Interpret	Practice	Separate	Prepare	Score
Relate	Interpolate	Relate	Summarize	Prescribe	Select
Repeat	Locate	Report		Produce	Test
Select	Predict	Restate		Propose	
State	Report	Review		Specify	
Tabulate	Restate	Schedule		Synthesize	
Tell	Review	Sketch			
Trace	Translate	Solve			
Write		Translate			
		Use			
		Utilize			

**Behavioral Terms that are NOT measurable and do NOT meet ADAMHSCC criteria for approval.**

Appreciate	Communicate	Increase	Be aware of	Enjoy
Know how to	Be able to know	Grasp the significance of	Learn how to	Be familiar with
Have an understanding of	Motivate	Believe	Implement	Understand

***Applicant must state objectives in operational/behavioral terms.***

Please send application to

**The ADAMHS Board of Cuyahoga County**  
 Attn: Carole Ballard, LISW, Director of Training and Education  
 2012 West 25<sup>th</sup> Street, 6<sup>th</sup> floor  
 Cleveland, Ohio  
 Tel. 216-241-3400 ext. 730  
 Fax 216-830-3976  
[ballard@adamhsc.org](mailto:ballard@adamhsc.org)