

NAMI California Conference 2020 in Sacramento, California

“TEAM NAMI CA: Driving the Change”

NAMI California is seeking proposals for presentations for our upcoming conference in Sacramento, California on June 2 and 3, 2020. Workshops focus on Advocacy, Consumers & Families, Criminal Justice, Early Intervention/Prevention, Engaging Diverse Communities, or Providers.

We highly encourage workshop applications that incorporate and address diverse communities through dynamic strategies and programs including, multimedia, education/training, personal stories, and advocacy.

Complete workshop proposals must be submitted by 5:00 p.m. on **January 24, 2020**. You will receive confirmation that your application has been received and if additional items are required. Workshop spaces are limited, and proposals will be evaluated by the Conference Program Committee. **Incomplete applications will not be reviewed.**

Each workshop proposal MUST include:

- Name of each presenter
- Corresponding email and phone number of each presenter
- Conference topic
- Title of workshop
- A 300-word summary of the workshop activities, including any materials for participants
- Brief biography and accompanying resume or CV of each presenter
- Signed agreement of terms (page 8)

Additionally, NAMI California understands that our workshops provide important resources and education to the community operating in the mental health sphere. To continue to serve these communities, priority will be given to workshops that provide **continuing education units** to mental health professionals.

Each workshop for continuing education units MUST also include:

- Three to five learning objectives (page 5)
- PowerPoints/handouts, if applicable
- Post-test with an answer key (minimum of three questions, page 7)
- Two key references for main presenter
- Five published references to support the topic's presentation
- Signed agreement of terms (page 8)

General Information

Please fill out this form completely. Selection will be primarily based on the information you provide here, but you may be contacted for additional information. Email or send your proposal, with all forms completed, to:

NAMI California
Attention: Workshop Proposal
1851 Heritage Lane, Suite 150
Sacramento, CA 95815

If you have any questions, contact us at 916-567-0163 or email us at Conference@namica.org

Presenter Information

If you will have more than one presenter, please list as A, B, and C. The person listed as A will be considered the primary correspondent and will be responsible for all communications with *NAMI California*. Note the maximum of three presenters.

Please attach a (200 words or less) biography and resume for each presenter that will be used for all media. This biography will be the introduction by facilitator, so please include pronunciation for all names.

Continuing education credit cannot be provided without this biography or resume.

Presenter A *primary contact*

Name: _____

Agency/Organization: _____

Official Title: _____

Mailing address: _____

Preferred contact number: _____ cell/work

Email address: _____ ADA/Special Needs _____

Presenter B

Name: _____ ds

Agency/Organization: _____

Official Title: _____

Mailing address: _____

Preferred contact number: _____ cell/work

Email address: _____ ADA/Special Needs _____

Presenter C

Name: _____

Agency/Organization: _____

Official Title: _____

Mailing address: _____

Preferred contact number: _____ cell/work

Email address: _____ ADA/Special Needs _____

Workshop Information

Title: _____

Topic: *please choose the appropriate topic or topics for your workshop*

- Advocacy**
Workshops will focus on new and innovative ways to advocate, current policies and their impact on all levels (local, state and nation wide), and training tools to effectively utilize grassroots advocacy efforts.
- Consumer & Families**
Workshops will focus on strengthening our voice as a unified organization of lived experiences, increase visibility and impact, and promote mental health wellness and recovery.
- Criminal Justice**
Workshops will focus on strategies around incorporating and partnering with the law enforcement, the Justice system, and other criminal justice sectors.
- Early Intervention/Prevention**
Workshops will focus on best practice programs and practices addressing the prevention of, and early intervention in, mental illness.
- Engaging Diverse Communities**
Workshops will be focused on strength-based approaches and best practices to engage diverse racial and ethnic communities, increase access to programs and services, and reduce the stigma and discrimination among diverse populations.
- Providers**
Workshops will focus on best practices for primary care, hospitals, nurses, and other health care providers when working with individuals who have mental health diagnoses.

Before submitting your proposal, please read each of the statements below and check the boxes to certify that you understand your responsibilities when submitting a proposal for the NAMI California Conference. Proposals received without this certification will not be reviewed by the Conference Program Committee.

- I understand that all workshop presenters must register for the Conference. Presenters DO NOT receive a complimentary registration. Information on how to register as a presenter will be sent to approved workshop presenters.
- I understand that all workshop presenters are responsible for their own hotel and travel arrangements and expenses.
- I understand that *NAMI California* reserves the right to edit all information printed about my workshop, including the title.
- I understand that my workshop may not have more than three presenters without prior approval from *NAMI California*.
- I understand that my workshop needs to include the perspective of a person living with mental illness or a family member.
- I understand that any request for a presenter's substitution (replacing one speaker with a different speaker) must be done in writing and requires prior approval from *NAMI California*. Substitutions without *NAMI California's* prior approval may result in cancellation of the workshop.
- I understand that workshops must be a true representation of the proposal that was approved by the Conference Program Committee. *NAMI California* reserves the right to cancel a workshop that is different from the proposal approved by the Committee.
- As the main presenter of this proposal, I agree to act as the liaison between *NAMI California* and each of my presenters. This includes relaying all information received from *NAMI California* regarding our participation in the NAMI California Conference in a timely fashion.
- I understand that NAMI California provides only a screen in each workshop. I will supply my own laptop and audio-visual equipment. I may rent audio-visual equipment through the hotel and I will be responsible for all charges related to my rental equipment.
- I understand that **each presenter** must provide a **brief biography and resume** before my proposal can be submitted for approval. Proposals will not be accepted without both items.
- On behalf of all the presenters in my session, I hereby authorize *NAMI California*, or its agents, to record, offer for sale, or post on social media all or portions of our presentation at the [NAMI California Conference 2020](#) in Sacramento, California. This authorization is granted with the understanding that *NAMI California* will not assert any copyright or deprive us of any other rights that we may have in the materials we present.

By initialing below, you are indicating your understanding and agreement to the terms stated on this form and the guidelines above.

initials _____

If you are **NOT** applying for **continuing education units**, please sign here:

Print Name: _____ Signature: _____

Date _____

CECs Application

Learning Objectives: *Please provide at least three clearly defined educational objectives. **Continuing education credit** cannot be provided without learning objectives on file.*

You must include:

- Words from “Verbs for Formulating Objectives and Measuring Change Relative to the Updated Compliance Criteria” (see page #);
- What the participant is expected to learn as a result of attending this workshop; and
- What the participant will be able to do as a result of attending, and the means by which this could be measured.

1. _____

2. _____

3. _____

4. _____

5.

Verbs for Formulating Objective and Measuring Change Relative to the Updated Compliance Criteria*

Verbs to Avoid	Tabulate	Knowledge	Detect	Predict	Hold
Appreciate	Trace	Analyzed	Formulate	Relate	Incorporat
Know	Write	Analyze	Generalize	Report	Increase
Learn		Appraise	Integrate	Restate	Inquire
Review	Knowledge	Contract	Manage	Review	Integrate
Study	Understood	Criticize	Organize	Schedule	Involve
Understand	Associate	Debate	Plan	Sketch	Internalize
Update	Classify	Detect	Prepare	Solve	Listen
	Compare	Diagram	Prescribe	Translate	Manage
Knowledge	Compute	Differentiate	Produce	Use	Massage
Cite	Contrast	Distinguish	Propose	Utilize	Measure
Count	Describe	Experiment	Specify		Obtain
Define	Differentiate	Infer		Performance	Order
Draw	Discuss	Inspect	Competency	Act / Act Upon	Perform
Name	Distinguish	Inventory	Apply	Ask	Prescribe
Identify	Estimate	Question	Calculate	Avoid	Palpate
Indicate	Explain	Separate	Complete	Change	Pass
List	Express	Summarize	Demonstrate	Check	Percuss
Point	Extrapolate		Dramatize	Collaborate	Refer
Quote	Interpolate	Knowledge	Employ	Communicate	Tell
Read	Interpret	Synthesized	Examine	Coordinate	Treat
Recite	Locate	Arrange	Illustrate	Decrease	Use
Recognize	Predict	Assemble	Interpolate	Demonstrate	Utilize
Record	Report	Collect	Interpret	Diagnose	Write
Relate	Restate	Compose	Locate	Do / Don't	
Repeat	Review	Construct	Operate	Document	
State	Translate	Create	Order	Empathize	
Select		Design	Practice	Examine	

*Adapted from "Stating Objectives" by Adrienne B. Rosof in Continuing Medical Education: A Primer (Adrienne B. Rosof and William C. Felch MD. Editors). Praeger Publishers, New York 1986 pp 36-37



WORKSHOP: _____

CONTINUING EDUCATION POST TEST

PLEASE WRITE CLEARLY:

Name: _____

Agency: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

LICENSE NUMBER

CCAPP: _____

LCSW: _____

LEP: _____

LPCC: _____

MFT: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1.

2.

3.

By signing below, you are indicating your understanding and agreement to the terms stated on this form and the guidelines above.

Name *(please print)* _____

Signature _____ Date _____