

Empowering relationships...

Redwood Empire Chapter

of California Association of Marriage and Family Therapists

RECAMFT Presentation Proposal & Diversity Statement for Presenters

“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.

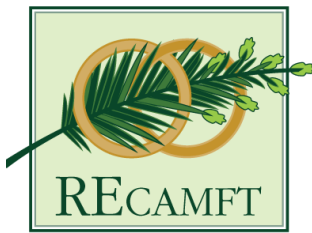
Thank you in advance for your participation in manifesting our collective desire to be as welcoming as possible to all of our members and our clients and prospective clients.

Speaker Opportunity

The Redwood Empire Chapter of CAMFT offers a 1.5 hour (we may go to 2 hrs. eventually which will include a 30-60 minute group discussion) educational presentation at its Monthly General Membership Meeting, held the first Friday of the month, 11AM-1PM, September through June at Oddfellows Hall, 545 Pacific Avenue, Santa Rosa, 95404. Proposals are accepted from February 1st through April 30th annually.

- Our speakers must be licensed in their field. If not licensed, clearly state what education/training you have making you an appropriate speaker for masters and PhD level clinicians.
- 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.

RECAMFT.org | PO Box 2732 | Santa Rosa, CA 95405 | Google Voicemail: (707) 583-1607
E-mail: therapy@recamft.org | Web: www.recamft.org



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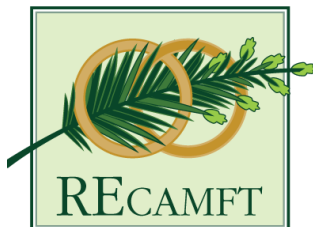
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- Our speakers should provide a visual representation of the course material to support multiple types of learning (Power Point, Prezi, videos, charts, graphs, diagrams, photographic images, etc.).
- Our speakers should provide a professional PDF Handout including a reference list of at least five (5) current research citations supporting the presentation.
- 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.
- Chosen speakers must have a professional web presence.
- We record our speakers in two 45-minute segments. The first segment is posted for the public to see on YouTube, which will enhance the speaker's web presence. The second segment is only available for our members to view at the present time.
- We anticipate providing CEUs to those who watch the video presentation at some future date.

To apply, please submit this proposal (.doc, .docx, or .pdf), a high resolution professional photo, along with your CV, and any previous presentation evaluation summaries to this email address: therapy@recamft.org.

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



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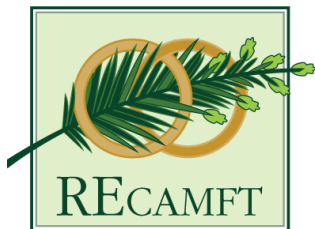
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RECAMFT Presentation Proposal

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	
Presenter(s) name(s)	
License Title & #	
Email	
Phone	
Website	
Link to previous presentation videos	
Speaker evaluation enclosed?	
Street address	
City, State	
Zipcode	

Short Bio of Presenter(s) (Including degrees, experience, and specializations). Please provide a copy of your CV.	
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Learning Objectives - After completion of the presentation the attendees will:

1.	
2.	
3.	

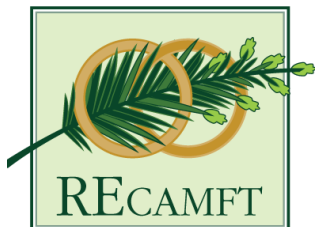
Learning Activities/Modalities - Didactic, Discussion, Video, Experiential, etc. - Please specify if special equipment will be used and if room setup-other than round tables/chairs, will be required. Note: Power Point projector, projection screen and microphone provided. Speakers are required to use the mic for members who are hard-of-hearing and for video recording.

1.	
2.	
3.	

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

1.	
2.	
3.	

Diversity issues - Please explain how you will address diversity issues in your presentation:



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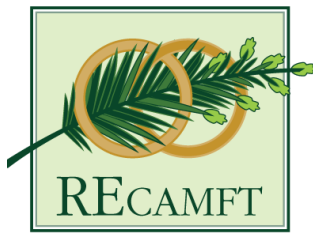
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Preferred month(s) to speak (please give top three choices):

1.	
2.	
3.	

Brief Outline of the Proposed Presentation:

Please write a short (1-2 paragraph) lead in that will catch your audience's attention. This will be published in the newsletter, introducing your topic.



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RECAMFT Video Film Release

RECAMFT generally films its speakers, which enhances the speaker's web presence, and reputation (assuming the presentation is good), 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 this web address: <http://recamft.org/videos>.

We record them in two 45-minute sections. The first section is posted on YouTube for the public to view. The second 45-minute section is on YouTube at a private address only available for RECAMFT members to watch.

At some future date, RECAMFT anticipates being able to provide CEUs by allowing a person to watch the entire presentation, and provide answers to a post-test. We may charge a fee for this service. By agreeing to be filmed, you waive your right to claim any portion of this income.

If you give permission to film your presentation, you will receive a DVD of your talk, in addition to our \$150 speaker honorarium.

_____ I give permission for RECAMFT to film my presentation, and waive my right to any future income RECAMFT may obtain from my presentation.

_____ I do not give permission for RECAMFT to film my presentation.

Your signature	
Date	

Thank you for your interest in speaking at RECAMFT!

Questions? therapy@recamft.org