**ACFRP Workshop Application Form 2018**

**Contact Information:**

* Telephone Number:
* Email Address:

**Workshop Title:**

**Conference Provider/Sponsor:** Andrews University Department of Social Work

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| --- | --- | --- | --- | --- | --- |
| **Objectives**List three learning objectives in measureable and behavioral terms  | **Content**Provide a brief presentation outline or content description Do not restate the objectives. | **Time**Amount of time spent on thispresentation | **Presenter(s)** **Name &****Credentials** |  | **Bibliographic References**List three relevant publications that were published within the last five years. Use APA format. Only list three for the entire workshop |
| 1.
2.
 |  | **1 hour**  |  |  | 1.
2.
 |

**How many times will this workshop be presented?** One

**Presenter’s Biographical Sketch**

Presenter’s Name: Credentials:

Current Employer/Position:

Experience as it relates to this presentation: (3-6 sentences)

**\*Note: if there are more than one presenters for a workshop, please list their names, credentials, current employers/position, and 3-6 sentence bio on this page.**