

LAPT 2012 WORKSHOP PROPOSAL

THE MANY FACES OF PLAY THERAPY

March 2-3, 2012
LOYOLA UNIVERSITY
NEW ORLEANS, LA

The Louisiana Association for Play Therapy is accepting proposals for the 2012 annual conference at Loyola University on March 2 & 3, 2012. Persons in the mental health professions are invited to submit a proposal in the specific area of Play Therapy

Important information:

Deadline for submission of proposal: **July 15, 2011**

Number of copies needed: **4 of proposal and resume/CV**

Send copies to: Ray Melerine, LPC, RPT-S
2423 Emily Ann Lane, Lake Charles, LA 70605

Date of Program Presentation: March 3, 2012

Presentation Title: (Play therapy has to be in the title.)

Presenter(s):

Time of Presentation: _____ **90 minute** presentation with no break for 1.5 contact education hours.
_____ **3 hour** presentation with one 15 minute break for 3.0 contact education hours.

Presentations will be submitted for approval with APT, NASW-LA, LCA, LMFT.

Type of Session: _____ Workshop _____ Poster session during lunch.

Brief, concise presentation description (75 words or less in 3rd person):

Abstract/Relevance to Play Therapy Practice (200 words or less):

Identify at least 3 specific objectives using the term **play therapy in at least 1 objective:**

- 1.
- 2.
- 3.
- 4.

Program Content Area(s): (Check as many areas as relevant.)

- Clinical knowledge of play therapy, marriage/family therapy
- Theoretical knowledge of play therapy, marriage/family therapy
- Human growth and development
- Individual, couple, and/or family development
- Social and cultural foundation
- Assessment/treatment in play therapy
- Assessment/treatment in family/marriage therapy
- Professional development and ethics in play therapy
- Professional development and ethics in family/marriage therapy
- Supervision in play therapy, marriage/family therapy
- Supervision in family/marriage therapy

Level: Basic (Foundations for play therapy) Special issues/populations
 Intermediate (Play therapy practice)

Instructional Method(s): Lecture Group Exercises Other

Equipment request: Note: Loyola will provide laptops for each presenter. You will need to submit your presentation power point to Loyola prior to the conference. *Additional information will be sent to you in ample time to meet all deadlines.*

- | | |
|--|---|
| <input type="checkbox"/> Overhead projector & screen | <input type="checkbox"/> LCD projector & screen |
| <input type="checkbox"/> Microphone | <input type="checkbox"/> VCR & TV monitor |
| <input type="checkbox"/> Other special requests: | |

If request cannot be fulfilled, the presenter has the option to alter the request or cancel proposal.

Presenter must be at location of conference 2 hours prior to presenting; otherwise, your sectional will be cancelled.

In case of emergency, you may call: Ray Melerine at 337- 249-7279, LeAnne Steen at 469-441-1215, or Ann Landry at 337-515-4783.

PRESENTER INFORMATION

LEAD PRESENTER:

Name/Credentials: _____

Education (Degrees/Majors): _____

Current Position/Organization: _____

Contact address: _____ City: _____ State _____ Zip: _____

Day phone: () _____ Cell: () _____ Fax: () _____

Other: () _____ e-mail: _____

Brief Bio: (less than 100 words)

Resume or CV (3 pages or less) must be submitted with this proposal; otherwise, proposal cannot be accepted.

APT member: ___ Yes ___ No (If not LA what state branch do you belong to? _____)

Have you attended past LAPT conferences? ___ Yes ___ No

Have you presented this workshop before: ___ Yes ___ No?

When? _____

Where? _____

Additional Presenter(s)

Name/Credentials: _____

Education (Degrees/Majors): _____

Current position: _____

Organization: _____

Contact address: _____ City: _____ State: _____ Zip: _____

Day phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Other: (____) _____ E-Mail _____

Brief Bio: (less than 100 words)

Resume or CV (3 pages or less) must be submitted with this proposal; otherwise, proposal cannot be accepted.

APT member: ___ Yes ___ No (If not LA what state branch do you belong to? _____)

Have you attended past LAPT conferences: ___ Yes ___ No

Attestation of Presenter(s):

I/We (print names) _____ attest that I/we have the requisite education, training, and/or experience in the mental health profession to be qualified to teach and present on the topic under review. _____ (initial)

I/We (print names) _____ attest that the educational content in my/our proposal will enhance the professional proficiency of play therapy practice, supervision, instruction, and/or adjunct play therapy activities and responsibilities, such as, play therapy court testimony, etc. _____ (initial)

Signature of Sole/Lead Presenter

Date

Signature of co-presenter

Date