



LINKING FORCES XVI

The Children's Mental Health Conference

CALL FOR PRESENTERS

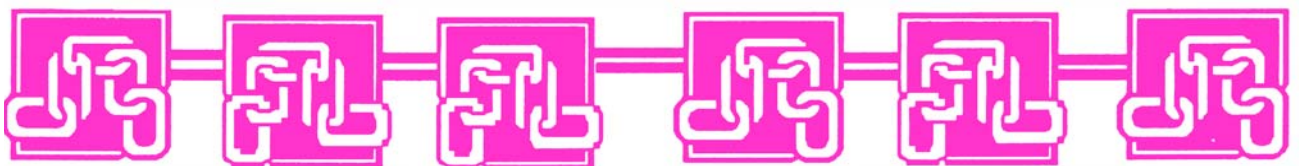
Submission Deadline: December 4, 2009

Join Us On

April 8 & 9, 2010

At the

Miami Airport Hilton



ABOUT THE CONFERENCE:

Linking Forces, The Annual Children's Mental Health Conference is being presented by the Institute for Child and Family Health, Inc. The conference will be held on April 8 & 9, 2010 at the Miami Airport Hilton. *Linking Forces* brings together the people who work with and care for emotionally handicapped and severely emotionally disturbed children and adolescents: mental health professionals, educators, parents and foster parents, health and human services staff, and the staff of community-based organizations. The conference offers a comprehensive view of children's mental health issues which address innovative strategies for high risk groups, creative partnerships, and advocacy efforts. Licensed mental health professionals can earn up to 11 hours of continuing education. We are excited to announce our keynote speaker:, Sir Richard Bowlby, the son of Sir John Bowlby, the pioneer in early attachment relationships and their impact on individuals and society. Sir Richard continues the work of his father, collaborating with internationally known experts in the fields of neuroscience, child development, psychiatry, and psychotherapy in order to build bridges of understanding and advance our knowledge of the importance of attachment and bonding.

HOTEL INFORMATION: We are working with the hotel to obtain a special rate for the conference. We will have more information available after November 15, 2009.

CALL FOR CONFERENCE PRESENTERS:

The Institute for Child and Family Health, Inc., invites you to submit a proposal for a workshop presentation at *Linking Forces XVI: The Children's Mental Health Conference*. Consideration will **only** be given to those applications which meet the requirements listed below and are **submitted in their entirety by the DEADLINE, December 4, 2009.**

To be considered, the presenter (s) must submit the following:

- The completed "Presentation Proposal Form."
- A current resume/vita for *each* professional presenter

You MUST include a resume or vita for all presenters in your session by the submission deadline.

Late entries will not be accepted. Sessions will be either 1.5 or 2 hours in duration. Presenters should choose the time-frame which best fits the level of instruction and the information to be shared. In order to ensure that you have the required equipment if your proposal is accepted, you must complete the section regarding **audiovisual equipment** on the form.

Submit the proposal to: ICFH In-Service Training Program Attn: Linking Forces
9380 Sunset Drive, Suite B-235
Miami, FL 33173-3289

By fax, to: 305-722-5381 Attn: Linking Forces

All presenters who wish to attend the workshops and luncheon must register for the conference. Unfortunately, unlike previous years, we will not be able to provide free registration for presenters. Presenters will be provided with half-price registration (\$50.00) for the two-day conference, which includes all sessions, exhibits, meals, refreshments, and continuing education credits. For additional information, contact:

Institute for Child & Family Health, Inc.
Training Programs
305-274-8367 or LinkingForces@icfhinc.org



◆ PRESENTATION PROPOSAL FORM ◆
ALL INFORMATION IS REQUIRED

SELECTION OF PROPOSALS WILL BE BASED UPON THE FOLLOWING CRITERIA: ◆Relevance to the conference theme or selected topics (see below). ◆Submission of completed application with all necessary documents attached. ◆Demonstration of innovative and creative initiatives. ◆Presenter's experience and expertise.

We will not consider the proposal until all information is received.

PRESENTER : (COMPLETE ALL INFORMATION.)

Name: _____ Credential/ Degree: _____

Professional license number (if applicable): _____

Organization: _____

Email Address—*please print clearly, as this is our primary method of communication:*

Contact Phone Number: _____ Fax Number: _____

PRIMARY PRESENTER'S CURRENT RESUME OR VITA IS ATTACHED

SPECIAL NEEDS REQUEST

No, I do not require special attention or services for this event.

Yes, I do have a condition that may require special attention or services. Provide a general description of your special need (s): _____

****** FOR SESSIONS WITH MORE THAN ONE PRESENTER: IDENTIFY EACH CO-PRESENTER BELOW AND ATTACH AN ADDITIONAL PAGE WITH THE INFORMATION LISTED ABOVE, AS WELL AS A CURRENT RESUME OR VITA FOR EACH PERSON.**

Name(s) of Other Presenter(s): _____

INFORMATION AND RESUME/VITA FOR EACH ADDITIONAL PRESENTER ARE ATTACHED.

CATEGORY OF PRESENTATION (CHOOSE ONE):

The conference is soliciting presentations which focus on the following categories. Please indicate which area your presentation best fits. Please choose only one. You will provide more specific information on how it fits this category on the following page:

- | | | |
|---|--|---|
| <input type="checkbox"/> Children's Mental Health | <input type="checkbox"/> Transition/Emancipation | <input type="checkbox"/> Birth to age 5 |
| <input type="checkbox"/> Parent Support and Education | <input type="checkbox"/> Developmental Disorders | <input type="checkbox"/> Education |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Community Resources/Networking | |
| <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Youth Crime Prevention/Juvenile Justice | |
| <input type="checkbox"/> Evidence-based practices | <input type="checkbox"/> Co-Occurring Disorders/Substance Abuse | |

INSTRUCTIONAL LEVEL OF THE ACTIVITY (CHOOSE ONE):

Introductory Intermediate Advanced Developed specifically for parents or caregivers

LENGTH OF PRESENTATION: 1.5 Hours 2 Hours (there are a limited number of 2-hour sessions)

PRESENTATION MODE: Lecture Interactive/Experiential Panel Discussion

◆ In order to qualify for continuing education, presentations must be based on a methodological, theoretical, research, or practice knowledge base. Some sessions developed specifically for parents may not qualify for CE for licensed mental health professionals. ICFH adheres to the Ethical Principles of Psychologists, and requires that all presenters and their presentations also comply with these principles. If you need to review the Ethical Principles, they are available at the APA Website: www.apa.org/ethics/

TITLE OF PRESENTATION:

DESCRIPTION OF PRESENTATION:

Please type or print a *short narrative description* that clearly describes your session and justifies the level of instruction (introductory, intermediate, advanced, or for parents/caregivers). This will be edited and included in the conference registration form and the program booklet.

THREE LEARNING OBJECTIVES

Provide three (3) objectives for your presentation that clearly describe what participants are expected to learn.

At the conclusion of your presentation, *participants will be able to:*

1. _____
2. _____
3. _____

Audio-Visual Equipment Requested: On-site requests will not be honored

- Flip Chart VCR/DVD Player LCD Projector

SCHEDULING PREFERENCE

In order of preference, list two (2) presentation times. While we will make every reasonable effort to schedule your presentation at your preferred time, we may not be able to do so.

First Choice Choose ONE:

- April 8, 2010: Morning Afternoon April 9, 2010: Morning Afternoon

Second Choice Choose ONE:

- April 8, 2010: Morning Afternoon April 9, 2010: Morning Afternoon

If this proposal is accepted, I guarantee I will present at the *Sixteenth Children's Mental Health Conference-Linking Forces* or I will provide a replacement to be approved by the conference committee.

Signature: _____ Date: _____

