**MD/DC Association for Play Therapy Workshop Proposal Form**

**Please select conference(s) term & length for which you would like your proposal to be considered:**

\_\_\_\_\_ Spring (year): \_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Fall (year): \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ 3 CE

\_\_\_\_\_ 6 CE

Please note:  If you are submitting a proposal involving Sandtray Therapy, APT has clarified that the terms “sandtray” or “sandtray play therapy” are permitted.  However, the use of the term “sandplay” is not permitted.  Please be aware of these specifications in the title, description, and learning objectives of the proposal.

Guidelines for proposals to meet the Association for Play Therapy’s and the American Psychological Association’s standards are provided.

**Title of Workshop:**

**Presenter(s)**:

**Presenter’s Contact Information (including address):**

**Presenter’s Exact Degree:**

**Presenter’s License Number**:

**Target Audience**:

**Familiarity with developmental principle and client-centered play therapy as a foundation:**

**Workshop Description:**

**Course Description/Abstract:**

**Needs Assessment:**

**Workshop Syllabus/Outline (please include 1 hour lunch break and two 15 minute breaks)**

**Learning Outcomes:**

1.
2.
3.

**Audio/Visual Needs (must bring your own laptop):**

**Presenters’ Biographical Sketch:**

**Please attach the following to Proposal Form: CV, headshot**

**\*\* Email completed proposal form and supporting documents to mddca4pt@gmail.com\*\***