

NAMI Annual Conference 2016 in Burlingame California

“Back to the Future: Building on the Past for a Better Tomorrow”

NAMI California is seeking proposals for presentations for our upcoming conference in Burlingame, CA on August 26 through the 27, 2015 on Transitional Aged Youth (T.A.Y.), Criminal Justice, Strengthening NAMI, Consumer and Family Engagement/Recovery Practices and Advocacy.

We highly encourage workshop applications that incorporate and address diverse communities through dynamic strategies and programs including, Multimedia, Education/Training, Personal Stories, and Advocacy.

Available workshop spaces are limited and will be reviewed by the Conference Program Committee. Workshop proposals must be submitted by **February 26, 2016** to be considered.

INFORMATION REQUIRED ON ALL SUBMISSIONS:

- Name of each presenter
- Corresponding email of each presenter
- Conference sub-theme to which the workshop relates (Example: Transitional Aged Youth, Law Enforcement, Consumer/Family and NAMI Affiliate Relations)
- Title of workshop
- A 300 word summary of the workshop activities, including any materials that workshop participants will receive.
- Three learning objectives
- Two key references
- Signed agreement of terms (located on page 7)

Applications must contain all required information and be submitted by February 26, 2015 in order to be accepted. Applications not meeting these requirements will not be reviewed.

Audio Visual Needs:

NAMI California provides a screen in each workshop. Presenters must supply their own audio-visual equipment. You may purchase audio-visual rental equipment through the hotel, provided you give them prior notice of your requirements (you will be responsible for any and all charges related to rental equipment at the hotel).

PRESENTER/CO PRESENTER INFORMATION

INSTRUCTIONS: Please fill out this form completely. Selection will be primarily based on the information you provide here. If you have any questions, contact NAMI California 916-567-0163 or email us at Conference@namica.org . Email or send your proposal or send it to:

NAMI California
Attention: Workshop Proposal
1851 Heritage Lane, Suite 150
Sacramento, CA 95815

Check subject selected

- ☐ **Transitional Aged Youth (T.A.Y.)**
Workshops will focus on strategies and best practices for educators, early identification and intervention, and reducing stigma and discrimination for ages 18-24.
- ☐ **Criminal Justice**
Workshops will focus on strategies around incorporating and partnering with the law enforcement, the Justice system, and other criminal justice sectors.
- ☐ **Strengthening NAMI**
Workshops will focus on best practices in Board development, organizational financial management, and expanding access to NAMI education programs through technology.
- ☐ **Consumer and Family engagement/recovery practices**
Workshops will focus on strengthening our voice as a unified organization of lived experiences, increase visibility and impact, and promote mental health wellness and recovery.
- ☐ **Advocacy**
Workshops will focus on new and innovative ways to advocate, current policies and their impact on all levels (local, state and nation wide), and training tools to effectively utilize grassroots advocacy efforts.
- ☐ **Diversity**
Workshops will be focused on strength-based approaches and best practices to engage diverse communities, increase access to programs and services, and reduce the stigma and discrimination among diverse populations.

If you will have more than one presenter, please list as A, B, and C. The person listed as A will be considered the primary correspondent; if you have additional presenters please attach additional sheets of paper as necessary.

Please attach a (500 words or less) biography and resume for each presenter. Continuing Education Credit cannot be provided without this information. This biography will also be used for introduction purposes by the presentation facilitator (please also include pronunciation for all names).

Presenter- A

Name: _____

Agency/Organization: _____

Official Title: _____

Position: _____

Address: _____

Telephone Work: _____ Cell: _____

Email Address: _____ ADA/Special Needs _____

Presenter- B

Name: _____

Agency/Organization: _____

Official Title: _____

Position: _____

Address: _____

Telephone Work: _____ Cell: _____

Email Address: _____ ADA/Special Needs _____

Presenter- C

Name: _____

Agency/Organization: _____

Official Title: _____



National Alliance on Mental Illness

Position: _____

Address: _____

Telephone Work: _____ Cell: _____

Email Address: _____ ADA/Special Needs _____

Abstract: (50 words or less) If selected, this brief description will appear in the conference brochure. Please attach on an additional sheet of paper if necessary to complete your description.

Title:_____

[illegible]

Description: Please provide a (500 words or less) detailed summary of your presentation. Presentations under consideration for continuing professional education credit must demonstrate their relevance to the professional education of the intended audience, their advanced level of training and their contribution to consumer care. In your summary please be sure to include these elements where appropriate.

Please attach an additional sheet of paper if necessary to complete your summary.

[illegible]

PLEASE PROVIDE THREE (3-5) CLEARLY DEFINED EDUCATIONAL OBJECTIVES

(Continuing Education Credit cannot be provided without learning objectives on file)

Learning objective will include:

- Words from *"Verbs for Formulating Objectives and Measuring Change Relative to the Updated Compliance Criteria"* (see page 6)
- What the participant is expected to learn as a result of attending this training.
- Describe what the participant will be able to do as a result of attending, and the means by which this could be measured.

1.

2.

3.

4.

5.

Verbs for Formulating Objective and Measuring Change Relative to the Updated Compliance Criteria*

Verbs to Avoid	Tabulate	Knowledge	Detect	Predict	Hold
Appreciate	Trace	Analyzed	Formulate	Relate	Incorporat
Know	Write	Analyze	Generalize	Report	Increase
Learn		Appraise	Integrate	Restate	Inquire
Review	Knowledge	Contract	Manage	Review	Integrate
Study	Understood	Criticize	Organize	Schedule	Involve
Understand	Associate	Debate	Plan	Sketch	Internalize
Update	Classify	Detect	Prepare	Solve	Listen
	Compare	Diagram	Prescribe	Translate	Manage
Knowledge	Compute	Differentiate	Produce	Use	Massage
Cite	Contrast	Distinguish	Propose	Utilize	Measure
Count	Describe	Experiment	Specify		Obtain
Define	Differentiate	Infer		Performance	Order
Draw	Discuss	Inspect	Competency	Act / Act Upon	Perform
Name	Distinguish	Inventory	Apply	Ask	Prescribe
Identify	Estimate	Question	Calculate	Avoid	Palpate
Indicate	Explain	Separate	Complete	Change	Pass
List	Express	Summarize	Demonstrate	Check	Percuss
Point	Extrapolate		Dramatize	Collaborate	Refer
Quote	Interpolate	Knowledge	Employ	Communicate	Tell
Read	Interpret	Synthesized	Examine	Coordinate	Treat
Recite	Locate	Arrange	Illustrate	Decrease	Use
Recognize	Predict	Assemble	Interpolate	Demonstrate	Utilize
Record	Report	Collect	Interpret	Diagnose	Write
Relate	Restate	Compose	Locate	Do / Don't	
Repeat	Review	Construct	Operate	Document	
State	Translate	Create	Order	Empathize	
Select		Design	Practice	Examine	

*Adapted from "Stating Objectives" by Adrienne B. Rosof in Continuing Medical Education: A Primer (Adrienne B. Rosof and William C. Felch MD. Editors). Praeger Publishers, New York 1986 pp 36-37

Before submitting your proposal, please read each of the statements below and check the boxes to certify that you understand your responsibilities when submitting a proposal for the NAMI California Conference. Proposals received without this certification will not be reviewed by the NAMI California Conference Committee.

- ☐ I understand that all workshop presenters must register for the Conference. Presenters DO NOT receive a complimentary registration. Information on how to register as a presenter will be sent to approved workshop presenters.
- ☐ I understand that all workshop presenters are responsible for their own hotel and travel arrangements and expenses.
- ☐ I understand that NAMI California reserves the right to edit all information printed about my workshop, including the title.
- ☐ I understand that my workshop may not have more than 4 presenters.
- ☐ I understand that my workshop needs to include the perspective of a person living with mental illness and/or a family member.
- ☐ I understand that any request for a presenter's substitution (replacing one speaker with a different speaker) must be done in writing and requires prior approval from NAMI California. Substitutions without NAMI California's prior approval may result in cancellation of the workshop.
- ☐ I understand that workshops must be a true representation of the proposal that was approved by the Conference Committee as well as follow the above statements. NAMI California reserves the right to cancel a workshop that is different from the proposal approved by the Conference Committee.
- ☐ As the main presenter of this proposal, I agree to act as the liaison between NAMI California and each of my presenters. This includes relaying all information received from NAMI California regarding our participation in the NAMI California Conference in a timely fashion.
- ☐ I understand that NAMI California does not provide or pay for the rental of TVs, DVD Players, or LCD projectors for use during my presentation and it is my responsibility to make arrangements for any additional equipment needs directly with the hotel and I am responsible for any charges incurred.
- ☐ I understand that each presenter must provide a brief bio before my workshop can be submitted for approval.

By signing below you are indicating your understanding and agreement to the terms stated on this form and the guidelines above.

Name _____

Signature _____ **Date** _____