

2014 LCA CONFERENCE CALL FOR PROGRAMS

**New Orleans InterContinental
Call for Programs Application:**

Proposal Title Page

Lead Presenter

Only Professional members of LCA may be a Lead Presenter*

Name: _____

Mailing Address: _____

Include city, state, and zip

Email Address: _____

Credentials: _____ Degree: _____

If Lead presenter is presently a Graduate Student but will earn the masters degree by the date of the session, please include date of expected graduation _____.

Place of Employment: _____

Title of Presentation: _____

Type of Session: ___ Seminar ___ Content Session ___ Pre-Conference Workshop

Requested Length: ___ 1.25 ___ 3.0

Addition Presenters

(Please include name, credential, and degrees; if addition presenter is a student include the name of the institution)

Presenter 2:

Presenter 3:

LCA reserves the right to request a change in your presentation format, title and/or length if necessary in order to balance the conference program or to meet presentation requirements of NBCC or the LPC Board.
In special cases, the LCA Leadership may waive this requirement.

1. Content Area to be Addressed

- | | |
|---|---|
| <input type="checkbox"/> Counseling Therapy | <input type="checkbox"/> Theoretical Knowledge of Marriage/Family Therapy |
| <input type="checkbox"/> Human Growth and Development | <input type="checkbox"/> Critical Knowledge of Marriage/Family Therapy |
| <input type="checkbox"/> Social and Cultural Foundation | <input type="checkbox"/> Assessment/Treatment in Marriage/Family Therapy |
| <input type="checkbox"/> The Helping Relationship | <input type="checkbox"/> Individual, Couple and Family Development |
| <input type="checkbox"/> Group Dynamics | <input type="checkbox"/> Professional Development and Ethics in Marriage and Family Therapy |
| <input type="checkbox"/> Lifestyle and Career Development | <input type="checkbox"/> Research in Marriage and Family Therapy |
| <input type="checkbox"/> Appraisal of Individuals | <input type="checkbox"/> Supervision in Marriage and Family Therapy |
| <input type="checkbox"/> Research and Evaluation | |
| <input type="checkbox"/> Professional Orientation | |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Other _____ |

2. Level: Basic _____ Intermediate _____ Advanced _____

Basic Session participants do not need prior knowledge of content area; these workshops are for participants who want to expand knowledge, foundation and skills.

Intermediate: Session participants need basic or very little knowledge of content area. These workshops are for participants who want to expand their knowledge, foundation and skills.

Advanced: Session participants should have substantial knowledge and experience in content area; these workshops are for participants who have had years of experience in content areas such as in therapeutic practice or research.

3. Total Number of presenters: _____ (may not exceed 4)
4. Targeted Audience (please be specific) _____
5. If you have conflicts for any day of the conference, please indicate this information so that if your presentation is chosen it can be scheduled correctly:

6. Continuing Education for Marriage and Family Therapist: Please sign.

Continuing education hours will be requested from Louisiana Association for Marriage and Family Therapy. LAMFC will review selected proposals to determine educational offerings with content related to Marriage and Family Therapy domains. An essential requirement is that at least one presenter be someone with master's level or above education and trained in Marriage and Family Therapy or another appropriate mental health field with the requisite education, training, and experience in relational systems clinical practice, and in the area to be presented in order to be qualified to teach and present the topic of review. A master's degree in social work meets their requirements. LAMFT requires that the lead presenter sign the attestation below for their records. *If you meet these educational requirements, please sign below in the event that your program is selected for LAMFT credit.*

LAMFT Attestation

I/We (print name) _____ attest that I/we have the requisite education, training, and/or experience in relational systems clinical practice (i.e. marriage and family therapy; marriage and family therapy ethics; etc) to be qualified to teach and present on the topic under review. MFT (specifics) ethics presenters must use/discuss the AAMFT Code of Ethics.

Sole/Lead Presenter's Signature Date