



*Your Mental Health Connection*

**2023 Professional Continuing Education Form**

Course Title: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

*Indicate how you would like your name(s) represented on promotional materials. **Please submit a CV, bio, and head shot for each present with this form.** The CV will be kept on file for private sponsor agency reporting only. The bio and head shot will be used for promotional materials.*

**Presenter Experience:**

*Include all relevant presentation experience and credentials for this subject area.*

**References:**

*Please list at least one or more professional references that can speak to your experience giving presentations (name, title, organization, email address, and phone number).*

**Course Description:** *Provide a two to three sentence summary of the workshop.*

PBC is an approved continuing education sponsor for the APA and the Maryland Boards of Social Work Examiners and Professional Counselors and Therapists. As you draft your workshop proposal, please note the list of learning activities that ARE NOT ACCEPTED by the Board of SWE:

<https://health.maryland.gov/bswe/Pages/LearningActivities.aspx>



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Honorarium Request: \$\_\_\_\_\_ or I will present this workshop at no cost to PBC \_\_\_ Yes \_\_\_ No

Workshop Length: \_\_\_\_\_  
*Total presentation time in hours and minutes.*

Workshop Level:     \_\_\_ Beginner           \_\_\_ Intermediate           \_\_\_ Advanced

Learning Objectives: *Provide three to five objectives in APA format.*

Workshop Schedule: *Presentation schedule including any planned breaks.*

Workshop References: *Research, references, or sources that will be used for your presentation.*



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Additional Relevant Details:

Optional Section:

Pro Bono Counseling strives to solicit a diverse group of presenters for its continuing education workshops. Completion of this demographic section is optional. Information shared in this section is kept confidential and used only by PBC event planning staff for program monitoring purposes.

Please indicate how you identify your:

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_

Disability Status: \_\_\_\_\_

Other aspects of your identity you'd like to share: \_\_\_\_\_