



The Mental Health Association of Nassau County is a not-for-profit membership organization dedicated to improving mental health through advocacy, education, program development and the delivery of direct services.

2021 WORKSHOP PRESENTATION PROPOSAL

Year round, the MHA provides low fee workshops, trainings and conferences for behavioral health professionals. These events provide the latest information on health care, mental health research and co-occurring disorder to ensure high quality and affordable continuing education.

If you are interested in being a workshop presenter at the MHANC, we invite you to submit the attached proposal form. Workshops must be educational and cannot market specific products or services. They should be geared towards Nassau County behavioral health professionals, as well as community members.

We are seeking workshops on a broad range of topics such as (and not limited to):

- Wellness Management
- Geriatric Care
- Forensic Topics
- Nutrition and Mental Illness
- Eating Disorders and Mental Illness
- Care Coordination
- Co-Occurring Disorders
- Homelessness & Mental Health Recipients
- Veterans
- Post Partum/ Perinatal Mood and Anxiety Disorder
- Peer Recovery
- Social Media
- Trauma Informed Practice

How to submit:

Every proposal should include the following items:

1. The completed presenter information form (see attached page 2)
2. The completed workshop information form (see attached page 3)
3. A full C.V. (for each presenter if more than one)
4. Brief Biography for publication (workshop invitations)

Interested presenters may submit the completed proposal to Amanda Kornfeld at akornfeld@mhanc.org.

Please let us know, if you'd like to be included in our constant contact mailing list. You will receive our weekly newsletter announcing our workshops, conferences and community events.

Yes, include me in the MHANC training announcement mailing list.



Presenter Information

Please complete one form for each presenter

Full Name:	
Degrees & certifications earned with name and location of educational institution:	
Major and date received:	
Professional licensure (s) and status:	
Current Employment Title:	
Affiliation/Institution:	
Mailing Address:	
Phone Number:	
Fax Number:	
Email Address:	
Presenter's Expertise which qualifies him/her to present on this topic/ teaching experience:	
3 Most recent Professional Presentations:	
References:	

Please remember to include a brief bio **and** your full C.V. with this submission. *Thank you.*



Workshop Information Form

Please complete one form for each workshop

Workshop Title:	
Workshop Description (Please provide a well-defined 3 to 5 sentence description that accurately describes your session.):	
Target Audience:	
Number of participants:	Minimum of.....participants - maximum of.....participants.
Workshop Duration:	
Equipment needed (Projector, Speakers, etc.):	
Workshop Outline:	
Does your presentation contain clinical content (assessments, evaluations, etc)? Please describe:	
Educational Goals (Provide a brief statement of the expected outcomes of the course):	
Educational Objectives: (Provide, in measurable terms, specific knowledge, skills and abilities to be acquired by the participants)	