Default Question Block

2025 International Death, Grief and Bereavement

June 1, 2025 (Pre-conference), **June 2-4, 2025** (Conference)

Conference theme: *Effects of Ancestral, Generational, and Cultural Shared Grieving*

Call for Proposals

Submission deadline: November 10, 2024, Noon Central Time

Notification date: December 13, 2024

| Type of Proposal (please choose one): | |
|---------------------------------------|--|
| O Concurrent session | |
| O Poster | |
| Roundtable session | |
| O Pre-approved Keynote session | |
| | |
| Primary presenter: | |
| First name | |
| Last name | |
| Address | |
| City | |
| State | |

| Postal code | | |
|--|--------------------------|----------------------|
| Country Email address\${q://QID3/ChoiceTextEntryValue/9} Phone number | | |
| Name of employer Position title (i.e., Director of Counseling, Hospice Social Worker, etc.) | | |
| Please choose the strand that your prese | ntation will address: | |
| Research, theory or policy implications | | |
| O Practical skills and application | | |
| | | |
| Contemporary therapies | | |
| Contemporary therapies Presentation title: The title should be described the content of the presentation. | criptive of the presenta | ation and related to |
| Presentation title: The title should be desc | characters) abstract o | f your presentation |

The purpose of this activity is to enable the learner to:

| Learning objectives: List 3 learning objectives. Each learning objective MUST begin with one of these measurable verbs: analyze, apply, appraise, assess, classify, compare, contrast, create, critique, demonstrate, describe, design, develop, diagnose, differentiate, discuss, distinguish, evaluate, explain, formulate, hypothesize, identify, illustrate, interpret, list, manage, measure, organize, outline, predict, prepare, recognize, summarize, utilize, write. |
|---|
| Learning objective 1: |
| Learning objective 2: |
| Learning objective 3: |
| This program will be reviewed for NBCC (National Board for Certified Counselors) credit. Of the topics below, please select which align best with your presentation (select all that apply). Counseling Theory/Practice and the Counseling Relationship |
| Counseling Theory/Practice and the Counseling RelationshipHuman Growth and Development |

| Social and Cultural Foundations |
|---|
| Group Dynamics and Counseling |
| Career Development and Counseling |
| Assessment |
| Research and Program Evaluation |
| Counselor Professional Identity and Practice Issues |
| Wellness and Prevention |
| Is the program content and information directly relevant to the professional knowledge and skills of graduate-level counselors? In other words, would professional counselors and therapists be able to use the content and information from your presentation in their practice? |
| O Yes |
| O No |
| If yes, please describe how (i.e., I will be describing clinical tools that can be used in practice; I will be providing research-based information on specific populations that can inform the work of counselors). |
| |
| Please explain how the presenter's education, experience, and/or training qualify them to speak on the subject matter of the presentation. (This is very important for us to be able to provide continuing education credits to attendees.) |
| |
| Who is your audience: (select all that apply) |
| Professionals |
| _ |

| Psychologists |
|---|
| ☐ Social Workers |
| ☐ Licensed Professionals |
| General Public |
| Other |
| |
| List 3 primary academic and/or professional sources related to your topic dating |
| from the last 10 years. |
| First winson, and design and a sign of a sign |
| First primary academic/professional source: |
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| Second primary academic/professional source: |
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| Third primary academic/professional source: |
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| |
| In there any additional information that you would like to obere recording your obility |
| Is there any additional information that you would like to share regarding your ability to provide a quality continuing education experience? |
| , |
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| Practice Gap is the difference between the current state of knowledge, skills, | | | | |
|--|--|--|--|--|
| competence, practice or performance and the ideal or desirable state. | | | | |
| Describe the practice gap that will be addressed by this presentation. Please | | | | |
| provide specific data, standards, personal experience, or other evidence-based | | | | |
| information or practice you have used to support your presentation. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Type of Gap: | | | | |
| ○ Knowledge | | | | |
| ○ Skills | | | | |
| OBoth | | | | |
| Select the level of the primary presenter's highest degree in subject area being | | | | |
| presented: | | | | |
| O Doctorate | | | | |
| O Masters | | | | |
| O Bachelor | | | | |
| Primary presenter's specialty field of scholarship or practice: | | | | |
| | | | | |
| | | | | |
| Primary presenter CV | | | | |

| planning, promotion, delivery, or evaluation of continuing education where personal, professional, legal, financial, or other interests could reasonably be expected to impair his or her objectivity, competence, or effectiveness. Does the primary presenter have a financial interest and/or conflict of interest for this program as explained above? | | |
|---|--|-----------------------|
| O Yes | | |
| O No | | |
| If yes, please describe: | | |
| | | |
| Is there a co-presenter? (presenting less to-presenter must be submitted for review | | of presentation; each |
| O Yes | | |
| O No | | |
| Co-presenter 1: | | |
| First name | | |
| Last name | | |
| Address | | |
| City | | |
| State | | |
| Postal code | | |
| Country | | |
| Email address | | |
| Phone number | | |
| Name of employer | | |

Conflicts of interest occur when an individual assumes a professional role in the

| Position title (i.e., Director of Counseling, Hospice Social Worker, etc.) |
|---|
| Select the level of co-presenter 1's highest degree in subject area being presented: |
| O Doctorate |
| O Masters |
| O Bachelor |
| Co-presenter 1: specialty field of scholarship or practice: |
| Co-presenter 1: CV: |
| Conflicts of interest occur when an individual assumes a professional role in the planning, promotion, delivery, or evaluation of continuing education where personal, professional, legal, financial, or other interests could reasonably be expected to impair his or her objectivity, competence, or effectiveness. Does the primary presenter have a financial interest and/or conflict of interest for this program as explained above? |
| ○ Yes |
| O No |
| If yes, please describe: |
| |

Is there a second co-presenter? (presenting less than 50% of content of

| presentation; each co-presenter must be | submitted for review) | |
|--|-------------------------|---------------------|
| O Yes | | |
| O No | | |
| | | |
| Co-presenter 2: | | |
| First name | | |
| Last name | | |
| Address | | |
| City | | |
| State | | |
| Postal code | | |
| Country | | |
| Email address | | |
| Phone number | | |
| Name of employer | | |
| Position title (i.e., Director of Counseling, Hospice Social Worker, etc.) | | |
| Select the level of co-presenter 2's highes | st degree in subject ar | ea being presented: |
| O Doctorate | | |
| O Masters | | |
| O Bachelor | | |
| Co-presenter 2: specialty field of scholars | ship or practice: | |
| | | |
| | | |
| Co-presenter 2: CV: | | |

| Conflicts of interest occur when an individual assumes a professional role in the |
|--|
| planning, promotion, delivery, or evaluation of continuing education where personal, |
| professional, legal, financial, or other interests could reasonably be expected to |
| impair his or her objectivity, competence, or effectiveness. |

| Does the primary presenter have a financial interest and/or conflict of interest for this program as explained above? | |
|---|--|
| O Yes | |
| O No | |
| If yes, please describe: | |
| | |

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