

**Guidelines for ASGW Webinar Proposal**

**Webinar Proposal Question Outline**

***Menu choices are listed in parentheses. All character maximums include spaces.***

**\*Webinar Presentation Title:**

**\*Learning Objective 1:**

**\*Learning Objective 2:**

**\*Learning Objective 3:**

**\*Webinar Presentation Summary for Webpage Publication** *(Character Maximum: 850)***:**

**\*Webinar Description *(Please include rationale, program goals, and delivery method. Presenters must provide evidence that information presented is clinically sound and aligns with accepted professional practice, ethical guidelines, and current research. A space for references is provided in the next question.)*** *(Character Maximum: 3000)***:**

**\*References cited in your webinar proposal** *(Characters Remaining: 10000)***:**

\***Discuss the evidence/research base for your webinar presentation, and whether you're presenting original research.** *(Character Maximum: 3000)*

\***Please discuss how your webinar aligns with group professional practice and training** *(Character Maximum: 2500)*

\***Please discuss the expertise of the presenters and explain why the presenters are qualified to make the proposed webinar presentation.** *(Character Maximum: 2500)***:**

\***Which of the following will you utilize during your webinar?** *(Case Study, Role-Play, Participant Discussion, Lecture, Experimental/Active Learning, Multimedia PowerPoint/Keynote etc., Handouts)***:**

\***Who is your target audience for your webinar?** *Check all that apply. (Practitioners, Counselor Educators, Supervisors, Graduate Students)***:**

\_\_\_\_\_\_\_ Practitioners

\_\_\_\_\_\_\_ Supervisors

\_\_\_\_\_\_\_ Counselor Educators

\_\_\_\_\_\_\_ Graduate Students

**\* Provide outcome measurements for the audience.** *Provide 5-10 questions that target content from the webinar presentation for attendees to complete to obtain continuing education:*

**Presenter Information**

**Lead Presenter Information *(will be the contact person as well as first author):***

\*Title *(Dr., Ms., Miss, Mrs., and Mr.)*:

\*First Name:

\*Last Name:

\*ASGW Member Number *(this is the same as your ACA number)*:

\*Institution/Organization:

\*Address:

\*City:

\*State:

\*Postal Code:

\*Country:

\*Professional Email Address:

\*Highest Degree Earned *(PhD, EdD, Master’s Degree, Bachelor’s Degree)*:

\*Area of Study for Highest Degree Earned:

\*Credentials *(e.g. licenses and certifications)*. If none, please indicate that below (*Characters remaining 1000)*:

\*Are you enrolled in a doctoral program: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

\*Current Professional Role. Please select the role that best characterizes your main work role. *(e.g. Counselor Educator, Supervisor, Counselor, Helping Professional)*

**Presenter Two and following,** please provide the following Information: *(Up to 3 additional presenters can be added for all presentations types****.****)*

\*Title *(Dr., Ms., Miss, Mrs., and Mr.)*:

\*First Name:

\*Last Name:

\*ASGW Member Number *(this is the same as your ACA number)*:

\*Institution/Organization:

\*City:

\*State:

\*Professional Email Address:

\*Highest Degree Earned *(PhD, EdD, Master’s Degree, Bachelor’s Degree, Associates Degree*):

\*Area of Study for Highest Degree Earned:

\**Credentials (e.g., licenses and certifications)*. If none, please indicate that below. *(Characters Remaining: 1000)*:

\*Are you currently enrolled in a doctoral program? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

\*Current Professional Role. Please select the role that best characterizes your main work role. *(Counselor Educator, Supervisor, Counselor, Helping Professional)***:**