

# OAC Application to Present: Page 1 of 2

## CONTACT PRESENTER

Name: \_\_\_\_\_ Affiliation/Qualifications: \_\_\_\_\_  
(i.e. CDA, AA, BS, MA, Registry Trainer)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Co-Presenter(s) (if any)

Name: \_\_\_\_\_ Affiliation/Qualifications: \_\_\_\_\_  
(i.e. CDA, AA, BS, MA, Registry Trainer)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**If additional presenters, please list names:** \_\_\_\_\_

**PRESENTATION HISTORY** If you have **not** presented for OregonASK during the past four years, please attach a professional reference or name of a conference or training where you were a presenter; include name and phone number of contact person.

- Conference Presentation: \_\_\_\_\_

**Has your workshop been pre-approved by the Oregon Registry Trainer Program?**  Yes  No

**If yes, approved Title:** \_\_\_\_\_ **Set:** \_\_\_\_\_

**If yes, you will be asked to send a copy of your master certificate prior to the conference.**

**Indicate Core Knowledge Category** (no more than 1 category per 1 ½ to 2 hours of presentation):

- |   |  |
|---|--|
| <input type="checkbox"/> Diversity                    | <input type="checkbox"/> Observation & Assessment                        |
| <input type="checkbox"/> Families & Community Systems | <input type="checkbox"/> Personal, Professional & Leadership Development |
| <input type="checkbox"/> Health, Safety & Nutrition   | <input type="checkbox"/> Program Management                              |

**Language of Presentation:**  English  Spanish  Other: \_\_\_\_\_

We recommend that all presenters speak English, either as a first or second language. If presenting in another language, your workshop title and description must be written in **both** English and the other language.

**WORKSHOP INFORMATION** *The OAC reserves the right to edit proposal titles and description. You must attach a separate sheet with the following information; please adhere to word limit.*

**A. TITLE (60 CHARACTER LIMIT)**

**B. DESCRIPTION FOR BROCHURE (60 word limit)** Please help participants know what to expect from your presentation: what will it cover - how will it be covered - who should be interested? Make your description short and enticing.

**C. Workshop Objectives (1 to 3 per session)** *Sample: Participants will practice two strategies to enhance language development.*

**D. Brief outline of your presentation including at least one reflective activity and one professional action activity.**

Examples of **reflective activities** include: “write down a recent example of a challenging behavior” or “write or draw about a time when...”

Examples of **professional action**: “tell someone at your table what you will implement from this session” or “record a personal/professional commitment based on this training.”

**E. Cite at least one current professional reference or resource (book, journal article, etc.) used in developing this session.**

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**Level of Presentation:** (You must have a Bachelor's degree, Oregon Registry Step 10 or equivalent to offer Set 2 or 3 Training.)

- Beginning - Set One** - awareness, description, explanation, fundamentals, introduction, overview  
 **Advanced Beginner – Set One** – more in depth training but offered by a trainer not at Step 10 or equivalent  
 **Intermediate - Set Two** – application, development, examination, exploration, implementation, practice, selection  
 **Advanced - Set Three** – critical examination through in-depth study, conducting research, strategies, theory

If you have questions about the Oregon Registry and the Registry Trainer system, call the Oregon Center for Career Development in Childhood Care and Education at 503-725-8535 or 1-877-725-8535 or visit [www.centerline.pdx.edu](http://www.centerline.pdx.edu)

**FOCUS OF PRESENTATION:** Check the most applicable, but **no more than three**.

- |  |  |
|--|--|
| <input type="checkbox"/> Frontline         | <input type="checkbox"/> Parent/Family Support   |
| <input type="checkbox"/> Recreation        | <input type="checkbox"/> Family Child Care       |
| <input type="checkbox"/> Youth Development | <input type="checkbox"/> Center Based Child Care |
| <input type="checkbox"/> Education         | <input type="checkbox"/> School Based            |
| <input type="checkbox"/> Enrichment        | <input type="checkbox"/> Kindergarten/Primary    |

**WORKSHOP LENGTH:** Please indicate first and second choice using a 1 and 2.

- 1 ½ hours    3 hours

**PREFERRED ENROLLMENT LIMIT** (We will confirm actual enrollment 1 week prior to conference.)

- 30 max    40-50

**PREFERRED ROOM SET-UP** (Cannot guarantee)

- Open Space w/ chairs on sides    Classroom (narrow tables in rows with chairs behind)

Display/presenter tables:    none    one    two

**Note: No tape or pins may be used on walls. Display boards may be rested on the railings around each room. You may use "Post-it" sheets for temporary displays.**

**AUDIOVISUAL EQUIPMENT** We have LIMITED equipment which is expensive to rent. Please indicate your requirements. We will do our best to accommodate those with the greatest need (those without agency support). Please let us know what you will be using so we can provide the appropriate set-up, outlets and screens. Due to cost we are NOT able to provide LCD projectors or computers with very limited exceptions.    Overhead & Screen    Screen & stand only    VCR player/TV monitor  
 Easel with chart pack & pens    white board & pens    DVD player/TV/monitor

I will be bringing my own: \_\_\_\_\_

**HAND-OUT POLICY:** OregonASK will provide printing for up to 2 black & white, double-sided, handout pages per workshop participant per 2 hour length. Master copies must be provided at least two (2) weeks **prior to** Conference.

- I will be sending master copies for handouts.    I will NOT be sending master copies.

*Please return this form by July 1<sup>st</sup> to:*

**Attn: OregonASK • PO Box 2826 • Salem • OR 97308**

Or email to : [lynn.kneeland@oregonask.org](mailto:lynn.kneeland@oregonask.org)