VaCP *Presentation Sharing Program* Submission Form

If the presenter is willing to make their Collaborative presentation, program or training and its materials available to all VaCP members through the Members’ only section of the VaCP website, then please use this form to describe the presentation, program or training and submit it along with the accompanying materials to [vacpmembership@cwsmithpc.com](mailto:vacpmembership@cwsmithpc.com) for consideration.

As materials are added, VaCP will send an email notification so VaCP members and Member Groups may know about and access the materials to present the program in their area of the state.

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| Program Name: | Click here to enter text. |
| Brief Description: | Click here to enter text. |
| Target Audience: | Click here to enter text. |
| Original Trainers: | Click here to enter text. |
| Program Length: | Choose an item. |
| Where has this program been offered in the past? | Click here to enter text. |
| Are there upcoming presentations scheduled? If so, where? | Yes Where? Click here to enter text.  No |
| Are you willing to share your program information with others who may want to present it in their area? | Yes  No |
| Are there visual aids, handouts, articles or any other type of teaching aids that you use in this presentation? **If so, please list.** | Yes Please List: Click here to enter text.  No |
| Are you willing to make these teaching aids available in the Members’ only area of the VaCP website so other groups can do this presentation in their area? **If so please attach copies or provide links to the materials.** | Yes  No |
| Please provide an outline of the program: | Click here to enter text. |
| Has this program received continuing education accreditation in the past? If so, which professions have issued credits? | Yes Please List: Click here to enter text.  No |
| Is someone in your group willing to travel to make this presentation in other areas? If so, where? | Yes Where? Click here to enter text.  No |
| Please list the name, address, e-mail and phone number of the contact person who is willing to do this presentation outside of your local area. | Click here to enter text. |

Name and contact person submitting this form: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thanks for sharing.