

CALL FOR PROGRAMS

**Illinois Psychological Association
2017 Annual Convention**

***Trauma: Helping our Clients,
our Communities and Ourselves***

**Thursday, Friday and Saturday
November 2, 3 & 4, 2017**

**Marriott Schaumburg Hotel
Schaumburg, Illinois**

Program Committee Chair: Laura Faynor-Ciha, Ph.D.

**Committee Members: Kim Kobus, Ph.D., Kim Lemke, Psy.D.,
Beth Rom-Rymer, Ph.D., Cliff Saper, Ph.D.**

Mail, Fax or email by June 2, 2017

to

**Illinois Psychological Association Convention
67 East Madison Street Suite 1817
Chicago, Illinois 60603
Fax: 312-372-6787
mkarey@illinoispsychology.org**

You are invited to submit a proposal for the Annual Convention of the Illinois Psychological Association to be held November 2, 3, and 4, 2017. Recent events in the news serve to highlight the many traumas that have an impact on our patients and our communities, as well as on psychologists in all of the roles in which we work. We therefore invite program proposals relevant to this topic to educate and prepare psychologists to better understand trauma in all its aspects, including its impact on the treatment of adults, children and families as well its impact on our communities related to social justice issues, the political climate and diversity issues. We also encourage submissions that address the effects on clinicians, those who work in communities and first responders. Finally program proposals relevant to the changing healthcare climate would give further context to this import and relevant topic.

Please Complete and Return

1. **Chairperson of Program** (The Chair and all presenters must submit a one-page vita/resume demonstrating experience and/or training in the topic of the program. *(All future contact will be made with the Chair only.)* The program chair must be an IPA member. Panels are limited to 4 people.

NAME: _____

INSTITUTION or PRIVATE PRACTICE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE Number Cell and Office: _____

2. **Program Title** (Titles longer than 10 words will be shortened)

3. **Program Length:**

- 1.5 hours
 3 hours*

4. **Program Type** (check one)

- SYMPOSIUM** 1 TO 4 EXPERTS (INCLUDING Chair) **present a topic** for 1.5 or 3.0 hours.*
- PAPER** Presentation on a selected topic for 1.5 or 3.0 hours.*
- CONVERSATION** 1 TO 3 Experts (including Chair) **lead a discussion** and questions/answer session on their field of expertise for 1.5 or 3.0 hours.*

***Please Note: 3.0 hour time slots are limited. 1.5 hour programs are preferred. The program committee reserves the right to limit programs to 1.5 hours if time is limited.**

1. **Other Program Participants:** Please attach a document with the names, degrees, mailing addresses, email addresses and telephone numbers of additional presenters.
2. **Description of Program/Paper:** Submit an abstract of the proposed program. (typed, double spaced, 50 words or less—abstracts longer than 50 words will not be accepted). If chosen, this description will be used in the Convention Brochure.
3. **Learning Objectives:** In order to qualify for APA Continuing Education Credits your program must list learning objectives that we will place on your program evaluation form. Please list two learning objectives for a one-half hour program and 3 learning objectives for a three hour program.
4. **Reference List:** In order to qualify for APA Continuing Education Credits your program must list 5 or more citations (which supports accuracy of presented material).

5. Audio Visual Equipment or Presentation Equipment

Choice of equipment must be made with the proposal. We cannot accommodate requests made immediately before the program start time. Each program room will also be set with a speaker's table and podium with microphone.

IPA will provide an LCD Projector and screen for PowerPoint presentations at no charge to the presenter. IPA does not provide laptops. If additional equipment is required it is the responsibility of the presenter to inform IPA (See additional equipment below). IPA cannot accommodate requests made immediately before the program starts.

I will need an LCD Projector and Screen (**you must bring your own laptop**)

Please check: I will be using a PC I will be using a MAC (please bring your own adaptor)

Please check: My laptop display port is VGA HDMI

If your PowerPoint presentation requires sound. This could incur addition charges not paid by IPA. Please contact the IPA office (312-372-7610 x201).

I do not require any audio visual equipment.

If any additional equipment (i.e., Flip Charts, easel DVD player/monitors) is needed, you will need to contact the hotel's audiovisual department directly at 847-240-0100 to make arrangements and to set up billing.

6. **IPA Membership Status:** Full Member Affiliate Student

The Program Chair must be an IPA member

Program Proposal "Check List"

- | | |
|---|--|
| <input type="checkbox"/> Chairperson Resume. | <input type="checkbox"/> 50 Word Abstract |
| <input type="checkbox"/> Program Title | <input type="checkbox"/> Learning Objectives |
| <input type="checkbox"/> Length | <input type="checkbox"/> Reference List |
| <input type="checkbox"/> Type | <input type="checkbox"/> Equipment Needed |
| <input type="checkbox"/> Other Participants Resumes | <input type="checkbox"/> Members Status |

- I agree to present if the program is accepted by the Committee.
- I agree that my presentation will abide by the APA Ethical Principles of Psychologists and Code of Conduct.
- I agree that I will register for the convention if I plan to attend programs other than my own.

NAME _____

SIGNATURE _____

DATE _____

**Return This Form and Supporting Documents
by June 2, 2017**

to:

**IPA Convention Committee
67 E. Madison Street
Suite 1817
Chicago, Illinois 60603
Fax: 312-372-6787**

**If you have any questions, please
call: (312) 372-7610 Ext. 201**