**The University of Toledo Recreational Therapy Club**

**Annual Workshop**

# **Call for Papers**

Friday, April 10, 2015

The University of Toledo Student Union

# Toledo, Ohio

**Call Due BY: Tuesday, January 13, 2015.**

Please join the members of the Recreational Therapy Club and consider presenting at the annual workshop. As in past years we are asking the community of professionals to consider presenting in any of the following areas; pediatrics, mental health, physical rehabilitation, developmental disabilities, community recreation and inclusion, treatment options and interventions. To offer a well rounded workshop we are hoping to provide four sessions in each of the diagnostic areas.

**Please complete the following information about the presenter, and if applicable the co-presenter(s), as well as the session to be considered and submit to the provided contacts no later than Tuesday, January 13, 2015.**  **Information is necessary for CEU approval by the American Therapeutic Recreation Association and National Council for Therapeutic Recreation Certification.**

Primary Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biography: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\*Please also include a resume to be submitted to ATRA for CEU approval.**

Co- Presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biography: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\*Please also include a resume to be submitted to ATRA for CEU approval.**

Name of Session (If possible please include TR in your title. For example *Beginning Yoga vs. Beginning Yoga for the TR Professional*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description (the description must specifically detail how the session will relate to TR and the APIE process. Sessions can be no more than 50% activity based): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Time Needed (circle one): 60 minutes 90 minutes

\*Please be advised the length of the sessions may be sixty (60) or ninety (90) minutes. Presenters may also be asked to provide a session more than once during workshop.

Learning Objectives (minimum of three objectives required. Objectives must be measureable and demonstrate the session’s relationship to TR and the APIE process):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All rooms will be set-up with a computer, projector and screen, and classroom seating unless otherwise specified. Please provide any special needs you may have for your session (including but not limited to need for a microphone, extra space for supplies, etc.).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Target Population: Which populations group or areas does the session discuss? (Please mark all that apply)

\_\_\_\_\_ Administration \_\_\_\_\_ Older Adults

\_\_\_\_\_ Addiction \_\_\_\_\_ Pediatrics

\_\_\_\_\_ Adolescents \_\_\_\_\_ Physical Rehabilitation

\_\_\_\_\_ Assessment \_\_\_\_\_ Professional Development

\_\_\_\_\_ Community Based Programming/Services \_\_\_\_\_ Psychiatric/Behavioral Health

\_\_\_\_\_ Ethics \_\_\_\_\_ Stress Management \_\_\_\_\_ Intervention Techniques \_\_\_\_\_ Supervision

\_\_\_\_\_ Long Term Care \_\_\_\_\_ Young Adults

\_\_\_\_\_ MR/DD \_\_\_\_\_ Other; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Obesity & Eating Disorders

Job Analysis Code: Please indicate which job analysis code(s) apply to your session. Example topic for each code can be found on ATRA’s website: <https://www.atra-online.com/education/certify-workshop>

\_\_\_\_\_ FKW - Foundational Knowledge

\_\_\_\_\_ PTR - Practice of RT/TR

\_\_\_\_\_ ORG - Organization of RT/TR

\_\_\_\_\_ ADV - Advancement of the Profession

Sessions for the workshop will be submitted for CEU approval from the American Therapeutic Recreation Association and the National Council of Therapeutic Recreation Certification. The University of Toledo Recreational Therapy Club cannot guarantee approval of a session. Notification of session’s approval and scheduling for the workshop to be completed once the application has been reviewed.

Please advise below of your availability to speak day of workshop (mark all that apply).

\_\_\_\_\_ AM only

\_\_\_\_\_ PM only

\_\_\_\_\_ AM & PM

\_\_\_\_\_ will speak once

\_\_\_\_\_ will speak twice (if needed)

Please submit completed Call for Papers to: Wendy Maran 2801 W. Bancroft mail Stop 119, Toledo Ohio 43606; scan and email to [wendy.maran@utoledo.edu](mailto:wendy.maran@utoledo.edu) or fax it to Wendy Maran 419-530-4759