

The Virginia Recreation & Park Society
54th Annual Conference
With
The Governor's Conference on Greenways, Blueways and Trails
October 4 – 7, 2008



CEU Session Proposal Form

Virginia Recreation and Park Society
6038 Cold Harbor Road, Mechanicsville, VA 23111

Submission Deadline: March 31, 2008

E-mail completed CEU Session Proposal Form to:

Marcy Durrer at mgdurrer@co.hanover.va.us

Charles Hester at Charles.Hester@richmondgov.com

OR fax the completed CEU Session Proposal form to:

Marcy Durrer at (804)365-4696

Charles Hester at (804) 646-1035

OR mail the completed CEU Session Proposal form to:

Marcy Durrer

2008 VRPS Conference

13017 Taylor Complex Lane

Ashland, VA 23005

Charles Hester

2008 VRPS Conference

6 North Laurel Street

Richmond, VA 23220

All speakers will be notified no later than July 1, 2008 of their session approval status.

Proposals must be typed or reproduced on a computer. Handwritten forms will *not* be accepted. Please do not use staples.

- ☞ Items marked with this symbol are required for CEU accreditation. Please be certain to complete these sections in their entirety.

CEU Sessions: *The primary goal of a CEU session is to improve performance.* The majority of delegates are seeking CEUs for renewing their professional certification. CEU sessions may be one session (1 hour and 15 minutes) or may be a double session (2 hours and 30 minutes). Partial CEUs will not be awarded.

CEU Criteria include:

1. Activity is planned in response to educational needs that have been identified for a target audience.
2. Activity has clear, concise, and measurable written statements of intended learning outcomes.
3. Qualified instructional personnel are involved in planning and conducting each activity.
4. Content and instructional methods are appropriate for the intended learning outcomes of each activity.
5. Participants must demonstrate their attainment of the learning outcomes.
6. The participants evaluate each learning activity.

➤ **Session Title:**

➤ **Target Audience** (check all that apply):

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Facility Maintenance Operations | <input type="checkbox"/> Managers | <input type="checkbox"/> Natural Resource Professionals |
| <input type="checkbox"/> Enthusiast/User | <input type="checkbox"/> Students | <input type="checkbox"/> Programmers | <input type="checkbox"/> Planners/Landscape Architects & Designer |
| <input type="checkbox"/> New Professionals | <input type="checkbox"/> Volunteers (Board Members / Commissions / Friends Groups) | | |

➤ **Educational Theme** (check all that apply):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Planning / Design | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Cultural Diversity | <input type="checkbox"/> Marketing | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Cultural Resource Mgmt. | <input type="checkbox"/> Natural Resource Mgmt. | <input type="checkbox"/> Programming | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Park / Trails Operations | <input type="checkbox"/> Safety, Security & Emergency Services | |
| <input type="checkbox"/> Community Centers | <input type="checkbox"/> Personnel | <input type="checkbox"/> Sustainable Management | <input type="checkbox"/> Urban Issues |
| <input type="checkbox"/> Financing | <input type="checkbox"/> Partnerships | | |
| <input type="checkbox"/> Other, please specify | | | |

➤ **Session Description** (please describe your session in 25 words or less):

➤ **Session Length:** 1 hour & 15 minutes 2 hours & 30 minutes Half day (4 hours) Full day (8 hours) 2 day

➤ **Learning Outcomes** (measurable behavior or performance objectives):

Participants will:

- 1.
- 2.
- 3.
- 4.

➤ **Presentation Outline** (associate items in this outline to the Learning Outcomes above):

| Topic | Outcome to be Achieved | Time Used |
|-------|------------------------|-----------|
|-------|------------------------|-----------|

- 1.
- 2.
- 3.
- 4.

➤ **Session Style** (check all that apply, most accurately describing the style of this session):

- Traditional (lecture/classroom style) Field Setting (experiential learning in an outdoor setting)
 Panel (multiple presenters in a discussion setting) Off Site Classroom (travel required to off conference site venue)
 Active Participation (participants will be physically participating in session activities)
 Other, please specify

Special Requirements for Room Set-Up:

Session Transportation Requests:

Desired maximum number of participants

Session Logistics: Speakers are encouraged to provide an electronic version of their presentation to the Education Committee and handouts for all session attendees. Please note laptops will not be supplied. Speakers should bring presentation on thumb drive and/or CD.

- I will provide an electronic version of my presentation for distribution

Audio/Visual Equipment Needed:

- Flip Chart & Markers Overhead Projector VCR & Monitor Microphone
 LCD Projector./Video Projection Unit Other (please describe completely):

Specific Request for Day, Date and Time for Session (if applicable):

➤ **Speaker / Presenter Information:**

Attach a bio for each speaker. Each bio should include previous work experience related to this topic and any professional certifications held by the speaker.

Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before: No Yes. Where & When:

Provide a brief introduction (to be used for the speaker introduction during the session) if different than provided bio:

Additional Speakers: Maximum of 2 speakers for a 1 hour 15 minute session, or 3 speakers for a 2 hour 30 minute session, with the exception of a panel session. There should be diversity in the speakers and their presentations.

1. Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before: No Yes. Where & When:

Provide a brief introduction (to be used for the speaker introduction during the session):

2. Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before: No Yes. Where & When:

Provide a brief introduction (to be used for the speaker introduction during the session):

3. Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

Special Needs:

Has this speaker presented this topic before: No Yes. Where & When:

Provide a brief introduction (to be used for the speaker introduction during the session):

CEU Session Proposal Submitted By:

Name:

Title:

Agency or Organization:

Street Address:

City:

State:

Zip Code:

Work Phone:

Fax:

E-mail Address:

Cell:

For VRPS Staff Use Only:

Accepted for Conference: No Yes

Session Date:

Session Day:

Session Start Time:

Session End Time:

Resumes Received:

CEUs for Session: