

Association of Psychologists of Nova Scotia (APNS)
Workshop Proposal Form

Thank you for your interest in presenting a workshop for APNS. Please complete the following form to submit your proposal.

Presenter Information

First Name _____

Last Name _____

Organization _____

Phone _____

Email _____

Workshop Details

Title _____

Date & Time _____

Length _____

Target Audience _____

Workshop Level _____

Format
(in person, virtual) _____

Learning Objectives

List 3-5 specific leaning objectives for participants

1. _____
2. _____
3. _____
4. _____
5. _____

Presenter's Experience and Qualifications

(Please provide a brief bio, including relevant experience in presenting workshops and expertise in the subject area.)

Presentation Methods (check all that apply)

Lecture

Discussion

Case Studies

Group Activities

Q&A Session

Other: _____

Audio-Visual and Technical Requirements

(Indicate any AV equipment or technical support needed, e.g., projector, microphone, Zoom, breakout rooms, etc.)

Workshop Fee _____

Are you willing to record the workshop? _____

Additional Information

(Any other relevant details, such as required materials, pre-workshop readings, or handouts.)

Submission

Please email the completed form to apns@apns.ca with the subject line "Workshop Proposal Submission." The APNS Continuing Education Committee will review proposals and notify presenters of their selection status.