



NEW MEXICO HIGHLANDS UNIVERSITY

**CEU Workshop Proposal
School of Social Work**

Date Submitted: _____

Workshop Title: _____

(Required)

Complete Instructor Information: Please attach a resume and any supporting presentation material. A minimum of 5 years in the area of proposed expertise is required.

Presenter(s):

Name: _____ Email: _____

Address: _____

Phone (w) _____ (h) _____ Cell _____

Please write a one paragraph description of the workshop for marketing purposes (Attach a typed copy if preferred. Workshop title and description are subject to editing).

Workshop Content:

1. Major topics to be covered

- a. _____
- b. _____
- c. _____

2. Learner Outcomes (what will the participant learn at the end of the workshop?)

- a. _____
- b. _____
- c. _____

Workshop Date(s): Propose a preferred time and date you would be available to present.

____/____/____ Time(s) _____ Day(s) _____ Location Preferred _____
____/____/____ _____

Attention: Please submit this form to NMHU School of Social Work, Continuing Education, Box 9000, Las Vegas, NM 87701. You can also Fax (505)454.3290 or Email: laromero@nmhu.edu your proposal. All proposals will be reviewed and considered for future schedules. Please email or call for information regarding compensation.

Office Use Only:
 Presenter fee: \$ _____ # of CEUs: _____ Location(s): _____