



2024 NABCI Ohio Chapter Conference Workshop Application

October 28-29th, 2024

“NABCI: The Struggle Continues – Where Do We Go From Here?”

**Nationwide Hotel & Conference Center
100 Green Meadows Dr., S. Lewis Center, OH 43035**

The NABCI Ohio Chapter planning committee encourages workshop proposals from a variety of systems, individuals and programs that correspond with our mission and exemplifies:

- Knowledge of research and evidence-based strategies.
- A belief in Cultural competency as foundational for effective population-based prevention services delivery.
- Networking and coordination across multiple systems is necessary for the delivery of effective evidence-based strategies and as key to meeting prevention needs at the state, county, and community level.

Workshop Application Guidelines:

1. Complete the attached workshop application form and return it as a PDF.
2. All workshops should be planned for 90 minutes in length.
3. Please include a description of the workshop as it will appear in the conference program.
4. Describe your audio-visual requirements. **Please keep in mind that laptops and audio-visual needs are not provided, and the presenter must bring their own.**
5. For each proposal selected, the presenters will receive a complimentary registration for that day's conference. If attending the luncheon on Tuesday, the presenter will be charged for the cost of the meal. Any other expenses are the responsibility of the presenter.
6. In the learning objectives for each session, the objectives should be “measurable” utilizing language according to blooms taxonomy. Make sure to use the action verb chart as listed below for the objectives.
7. Each speaker will need to complete a disclosure statement.
8. You will be notified if your application has been accepted by October 1, 2024.

WORKSHOP PROPOSALS ARE DUE BY October 11, 2024



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October 28TH (afternoon sessions) October 29TH (morning sessions)

Presenter Name & Title _____ Organization: _____

Presenter Name & Title _____ Organization: _____

Presenter Name & Title _____ Organization: _____

Title of workshop: _____

Has this workshop been approved by Ohio for continuing education credit within twelve (12) months?

If yes, please provide the board, date of approval and approval number:

Summary of workshop: Limited to 250 words. Be as specific as possible about the workshop objectives, teaching method and skills to be learned at your presentation. If your presentation is research-based, only completed research with available results may be submitted for a workshop. *(This information may be printed in the conference program)*

Learning Objectives: List at least three (3) learning objectives, i.e., what participants will learn or will be able to do by the end of the presentation. (This information is required to offer CEU'S or RCH'S)

By the end of the session, participants will be able to:

1. _____
2. _____
3. _____

What is new or unique about this material/topic/presentation?



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Requested Date: (Please indicate all desired dates – October 28th thru 29th, 2024 and we will try to accommodate you, these are 1 ½ hour sessions): (This choice does not assure you of this slot.)

☐ Monday PM ☐ Tuesday AM

This workshop will be of particular interest to whom in the criminal justice field. The presentation fits into the following Training Tracks(s):

(Select one from this group)

(Select one or more from this group)

<input type="checkbox"/> Adult	<input type="checkbox"/> Institutions	<input type="checkbox"/> Safety and Health	<input type="checkbox"/> Victims Services
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Management	<input type="checkbox"/> Education
<input type="checkbox"/> Both adult and juvenile	<input type="checkbox"/> Legal Issues/Legislation	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Probation/Parole
<input type="checkbox"/> Others Development	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Wellness	<input type="checkbox"/> Personal

Resume/Curriculum Vitae: Please attach a current resume for each presenter (one page, on presenter per page).

Contact Person: _____

Agency/Organization: _____

Email Address: _____

Mailing Address: _____

Daytime Phone: _____

By signing the agreement below I agree, if selected to be a presenter at the National Association of Blacks in Criminal Justice (NABCI), Ohio Chapter Conference October 27-29, 2024; that NABCI does not offer honoraria to workshop presenters but will offer the presenters a complimentary registration for the day of the conference in which they present. However, workshop presenters who desire to attend the Dr. Bennett Cooper Scholarship Luncheon will be responsible for the purchase of their meal. Any incomplete workshop applications will be returned.

MUST HAVE A RESUME FOR ALL PRESENTERS OR APPLICATION WILL NOT BE CONSIDERED



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PRESENTER(S) AGREEMENT

On behalf of myself and my co-presenters, should this presentation be selected, I/we agree to the following:

1. Participation in this program does not exempt presenters from paying full registration fees if attending other conference sessions.
2. **There is no monetary compensation for workshop presenters or expenses incurred. The Ohio Chapter NABCJ will not pay speaker fees or honorariums for workshop presentations.**
3. Appropriate "Releases of Confidential Information" have been obtained for all client materials that will be used or recorded as part of this presentation. The responsibility for protecting client confidentiality rests with the presenter(s).
4. Individuals submitting this proposal and signing this form agree to receive all conference correspondence and accept responsibility for conveying conference-related information to co-presenters.
5. Individuals submitting or included within this proposal have agreed to be present in **Columbus, Ohio, October 28th-29th, 2024 at the 37th Annual Ohio Chapter NABCJ State Conference** and conduct this proposed presentation according to the conditions listed above.
6. Presenter(s) will be responsible for handouts. Laptops are not provided; therefore, each presenter will be responsible for providing their own laptops. The workshop presenter will be responsible for all AV or Wi-Fi that is needed.

DEADLINE FOR SUBMISSION: October 11, 2024

Signature: _____

Name (Print): _____ Date _____

Office phone: _____

Please submit workshop proposal to: ohnabcjworkshop@gmail.com

or

ATTN: Vice President Lanaya McDonald
NABCJ P.O. Box 328872 Columbus, Ohio 43232

Bloom's Taxonomy Action Verbs

Definitions	Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
Bloom's Definition	Remember previously learned information.	Demonstrate an understanding of the facts.	Apply knowledge to actual situations.	Break down objects or ideas into simpler parts and find evidence to support generalizations.	Compile component ideas into a new whole or propose alternative solutions.	Make and defend judgments based on internal evidence or external criteria.
Verbs	<ul style="list-style-type: none"> • Arrange • Define • Describe • Duplicate • Identify • Label • List • Match • Memorize • Name • Order • Outline • Recognize • Relate • Recall • Repeat • Reproduce • Select • State 	<ul style="list-style-type: none"> • Classify • Convert • Defend • Describe • Discuss • Distinguish • Estimate • Explain • Express • Extend • Generalized • Give example(s) • Identify • Indicate • Infer • Locate • Paraphrase • Predict • Recognize • Rewrite • Review • Select • Summarize • Translate 	<ul style="list-style-type: none"> • Apply • Change • Choose • Compute • Demonstrate • Discover • Dramatize • Employ • Illustrate • Interpret • Manipulate • Modify • Operate • Practice • Predict • Prepare • Produce • Relate • Schedule • Show • Sketch • Solve • Use • Write 	<ul style="list-style-type: none"> • Analyze • Appraise • Breakdown • Calculate • Categorize • Compare • Contrast • Criticize • Diagram • Differentiate • Discriminate • Distinguish • Examine • Experiment • Identify • Illustrate • Infer • Model • Outline • Point out • Question • Relate • Select • Separate • Subdivide • Test 	<ul style="list-style-type: none"> • Arrange • Assemble • Categorize • Collect • Combine • Comply • Compose • Construct • Create • Design • Develop • Devise • Explain • Formulate • Generate • Plan • Prepare • Rearrange • Reconstruct • Relate • Reorganize • Revise • Rewrite • Set up • Summarize • Synthesize • Tell • Write 	<ul style="list-style-type: none"> • Appraise • Argue • Assess • Attach • Choose • Compare • Conclude • Contrast • Defend • Describe • Discriminate • Estimate • Evaluate • Explain • Judge • Justify • Interpret • Relate • Predict • Rate • Select • Summarize • Support • Value



CE speaker/presenter DISCLOSURE STATEMENT

(To be completed and signed if CE speaker/presenter is not an OhioMHAS employee)

Joint Sponsor	
Sponsor	Ohio Mental Health & Addiction Services (OhioMHAS)

*If a continuing education program speaker/presenter is affiliated with or has financial interest in any organization that may have a direct interest in the subject matter of the continuing education program, a potential conflict of interest may exist. Such an affiliation or interest does not disqualify a speaker from making a presentation, but the prospective audience must be made aware of the relationship, in print, in the program syllabus, faculty listing, or in verbal form in advance of the program.

Title of Training	
Name of Presenter	Training Date

The information below is to be completed by the speaker.

<input type="checkbox"/> I DO NOT have any affiliations or financial interests in any corporate organization or company (i.e. pharmaceutical company) involved with products to which my presentation refers.	
Signature	Date

<input type="checkbox"/> I DO HAVE an affiliation or financial interest with one or more of the below corporate organizations or companies (i.e. pharmaceutical company) involved with products to which my presentation will refer.					
Name of Corporation/Company/Organization	Affiliation/Financial Interest				
	Grant or Research	Consultant	Speakers Bureau	Shareholder	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signature					Date