



## Workshop Presenter Agreement Iowa Association for Play Therapy

WORKSHOP TITLE

PRESENTER NAME

### PRESENTER AGREEMENT

- A. I agree and understand that information about my workshop; including the outline, learning objectives, and my resume, will be submitted to IAPT for their review in determining continuing education credits. Information about me may be published in marketing information for this workshop.
- B. To ensure that my presentation will meet the attendee's expectations, I agree to present what I have proposed in this application.
- C. I understand the presenter(s) will be paid 80% of the profit that is made from the workshop and IAPT will receive the other 20%. The amount that is paid is determined by the amount received for registration in this workshop minus the cost of the venue and any additional materials that are requested to be purchased.
- D. The workshop will be canceled if the minimum of seven paid registrants is not met within two weeks of the scheduled workshop date. The IAPT Chair of the Training & Small Conference committee will be in contact with the presenter in the event there are not enough people registered for the workshop.
- E. As a presenter, I have the responsibility to arrive at least 30 minutes before the start of the workshop. If I am ill or if any other catastrophic event occurs that will affect my ability to present, I will telephone the IAPT Board President or Chair of the Training & Small Conference committee as soon as possible.
- F. I accept responsibility for protecting client confidentiality and agree that before the presentation, an appropriate "Release of Information" will be obtained for all client materials to be used.
- G. I understand that the workshop's purpose is to serve children, therapists, and the mission of IAPT.
- H. I understand that I may use my business name and mention publications in introductory materials and handouts, but self-promotion is not the purpose of this presentation.
- I. I have been provided a copy of IAPT's Policy and Procedures Concerning Potential Conflicts of Interest and understand that I will need to declare any conflicts of interest or commercial support of the program being taught.
- J. I understand that any videos I present must be of sufficient audio and visual quality for the audience to see and hear. For accessibility, IAPT recommends that all videos be closed-captioned.

- K. Within the presentation, I agree to provide a statement describing the accuracy and efficacy of the materials presented, the empirical basis of such statements, the limitations of the content being taught, and both the severe and most common risks.

PLEASE BE AWARE THAT ALL PRESENTATIONS MUST MEET THE FOLLOWING REQUIREMENTS TO OFFER PLAY THERAPY SPECIFIC CONTINUING EDUCATION

APT confers play therapy credit for play therapy education and continuing education programs that are specifically applicable to play therapy practitioners and that improve client care, either directly or indirectly, by demonstrating evidence of:

1. *EITHER* a systematic use of a therapeutic model, the establishment of an interpersonal process using the therapeutic powers of play, and intent to prevent or resolve psychosocial difficulties and/or achieve optimal growth and development;
2. *OR* content that enhances the specific professional proficiency of mental health practitioners who are engaged in the clinical practice of play therapy, the supervision of play therapists, or the instruction of play therapy. Education and continuing education programs not specifically applicable to the practice of play therapy but generally applicable to mental health practitioners are ineligible for play therapy credit.

I attest that I have read, understood, and agree to these requirements for play therapy continuing education.

To electronically sign, click on the Signature and Date lines below.