NEW YORK COLLEGE OF HEALTH PROFESSIONS
6801 Jericho Turnpike
Syosset, New York 11791
516-364-0808 ext. 332
800-922-7337 ext. 332
FAX: 516-730-2619

CE WORKSHOP PROPOSAL FORM

If you are interested in presenting a workshop at New York College, please fill out the form below and return it to the Continuing Education Department.

Date_____
Name _____
Address _____
_____
Phone _____ Cell phone # _____
Fax _____
Email address_____
Title of Lecture/Workshop:
_____
_____
Category that Lecture/Workshop is geared to: _____
Who can attend this lecture/workshop?
___The general public
___Licensed health professionals
(Specify any limitations or restrictions)
_____
___Students in the healing professions
(Specify any course prerequisites)_____
___Other _____

Length: Number of days:____ Hours per day:____
How many times have you presented this workshop? _____
Please provide reference, location and dates:
_____
_____

Is there a certification awarded for this coursework? Please explain.
_____
_____

Minimum number of attendees____
Maximum number of attendees____
Suggested fee for attendees $_____

Room requirements:
___Lecture room ___Technique room _____Other: (Please specify)
_____

Available days to present workshop (room availability variable during school sessions):
___Mon ___Tues ___Wed ___Thurs ___Fri ___Sat ___Sun

Available dates for:
January _____
February _____
March _____
April _____
May _____
June _____
July _____
August _____
September _____
October _____
November _____
December _____

****Course submission deadlines:***

March for Fall Calendar (September through December)
July for Spring Calendar (January through August)

Equipment requirements for presentation:

___Overhead projector	___White board	___Flip chart
___DVD Player & monitor	___Slide projector	___Massage table(s)
___Laptop computer	___Multi-media projector	___Massage table(s)

___Other_____

Equipment requirements for participants: *(also describe if there would be an additional cost to participants and what that cost would be):*
_____
_____

1. Have you ever applied to attend New York College? ❑ Yes (date) _____ ❑ No

2. Has a family member or friend ever applied or attended New York College?

❑ Yes (date) _____ ❑ No If Yes, who_____

3. Have you ever been a student at New York College of Health Professions?

❑ Yes (date)_____ ❑ No

4. Have you taken classes for credit or CE at New York College of Health Professions, New York College for Wholistic Health Education and Research or The New Center?

❑ Yes (date)_____ ❑ No

5. Have you ever been employed by New York College of Health Professions?

❑ Yes ❑ No

6. Have you ever worked with a current or past employee or faculty member of New York College of Health Professions?

❑ Yes (what position/department) _____ ❑ No

Please submit the following additional information:

1. A curriculum vitae or resume.
2. A completed biographical provider form.
3. A 50 word summary of course description.
4. List of learning objectives for course.
5. An explanation of the workshop and what will be covered during the presentation. A course outline format is sufficient.

Upon receipt of this information, your workshop will be reviewed. A confirmation will be sent and communicated.

Thank you for your interest in participating in New York College of Health Professions Continuing Education Program. If you have any questions related to the requirements, please do not hesitate to contact the Continuing Education department at (800) 922-7337 or (516) 364-0808 ext. 332.