



## Southwest Riverside County Chapter

Address: P.O. Box 892379, Temecula, CA 92589-2379

Web: [www.swrc-camft.org](http://www.swrc-camft.org)

Email: [southwestriversidecountycamft@gmail.com](mailto:southwestriversidecountycamft@gmail.com)

### Speaker / Presenter Application

*Southwest Riverside County Chapter of CAMFT is looking for clinical & associate members, behavioral health care practitioners, affiliate health care providers, and other professionals willing to give short presentations or trainings (30 minutes to 2 hours) as a means to improve recognition in the community, demonstrate credibility as a specialist, expand professional reputations, and contribute to the art and science of Marriage & Family Therapy. (Please include a Resume &/or Vitae with this application, along with a brief autobiographical introduction.)*

#### Speaker / Presenter Contact Information:

Name and Degree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

#### Speaker / Presenter Requirements:

Clinical License # \_\_\_\_\_ Is Your License In Good Standing? Yes (  ) No (  )

Are you a Provider of Continuing Education? Yes (  ) No (  )

California Board of Behavioral Science Provider #: \_\_\_\_\_

Are You a Member of CAMFT? Yes (  ) No (  ) CAMFT Member # \_\_\_\_\_

#### Presentations & Trainings Provided:

\_\_\_\_\_  
\_\_\_\_\_

#### Areas of Specialization or Expertise:

\_\_\_\_\_  
\_\_\_\_\_

***I understand that unless otherwise arranged, all presentations or trainings for Southwest Riverside County Chapter of CAMFT are voluntary.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Application Submitted

**Please Send this form to:**

Southwest Riverside County Chapter of CAMFT

PO Box 892379 Temecula CA 92589-2379 (or by email to: [southwestriversidecountycamft@gmail.com](mailto:southwestriversidecountycamft@gmail.com))