



Heartland iaedp Chapter
Workshop Proposal for 2026 Educational Events

Thank you for your interest in sharing your expertise in Eating Disorders with our community. We strive to bring high level and forward-thinking material to the professionals that attend our chapter events. In order to ensure the high quality of workshops that we have been providing, we would request that you provide our governing committee with some information about you and your proposed workshop.

PLEASE NOTE:

- ❓ Attached is a list of Heartland iaedp presentation titles from 2024 and 2025. Please review this list as you prepare your application to avoid repeat topics. Thank you for your consideration!
- ❓ Helpful hints for a successful submission: Many of our attendees are advanced in their Eating Disorder knowledge and would appreciate speaker topics that reflect more advanced concepts, ideas, and tangible tools for their clinical work. Please keep this in mind when curating your submission.
- ❓ Under the bylaws of iaedp, the designated platinum plus sponsor for an event and event speaker(s) may not be from the same organization. Please also note you may be assigned to present at one of our events that includes speakers from other organizations.

Please complete the form below and forward it to Michelle Ingraffia at michellei@odysseybh.com by the *submission deadline – October 6th, 2025*. Along with the application below, you must also submit all the following:

1. A current copy of presenter(s) CV.
2. Brief biography (required for each presenter involved in the presentation): Attach a description of your professional experience, including the following: your current title, place of employment (if applicable), professional affiliations, relevant publications, and areas of expertise. Please note that bios must not exceed 100 words and that bios are subject to editing for style and space.
3. Recent professional photograph (required for each presenter involved in the presentation).
4. A 6-item quiz (with answers indicated) corresponding to your presentation's topic and objectives.

Additional Information:

- Speakers' images will be used in promotional materials for chapter educational events and on our website.
- Presentations may be recorded for later use or may be live-streamed to enable chapter members in remote areas to see the presentation. You will be informed if recording or live-streaming will be done and will be asked for your permission to do so.
- If your proposal is accepted, you may be paired with another speaker for the educational event. We encourage communication between speakers presenting at the same event.
- Our committee will be meeting in October for the selection process and you will be notified by October 31st, 2025 if your proposal has been accepted.

We look forward to another successful year and are grateful for your interest in enhancing the eating disorder treatment community with your expertise.

Best Regards,

Presentation Title: Click here to enter text.	
Presenter(s): (Name[s], Credentials, & Title) Click here to enter text.	Contact Information (required for each presenter involved in the presentation) Mailing Address: Click here to enter text. Email: Click here to enter text. Phone Number: (Primary): Click here to enter text. (Cell, for day of workshop): Click here to enter text. Please note: If someone other than yourself (e.g., an administrative assistant, marketing rep) will be your contact for receiving information from Heartland iaedp, you must also specify their name, mailing address, a working e-mail address and primary phone number Click here to enter text.
<Optional> Speaker Demographic Information Gender identity: Click here to enter text. Preferred pronouns: Click here to enter text. Race and ethnicity: Click here to enter text. Eating Disorder practitioner experience level: <i>please select one from the below</i> Early career: _____ (0-10 years) Mid-career: _____ (11-20) Late-career: _____ (20+) Is there any other information that you would like to share about yourself? Click here to enter text.	
Length of presentation: <u>Please select all that apply</u> _____ This proposal, as submitted, is designed as a 90 minute presentation. _____ This proposal, as submitted, is designed as a 3-hour presentation.	Target Audience (check all that apply) <input type="checkbox"/> Social Work/Professional Counselors <input type="checkbox"/> Psychologists <input type="checkbox"/> CADC (IAODAPCA) <input type="checkbox"/> Nursing <input type="checkbox"/> School Personnel <input type="checkbox"/> Dietitians <input type="checkbox"/> Other: Click here to enter text.

<p>_____ Although this proposal is designed as either a 90 minute or 3 hour presentation, I am open to adjusting the presentation length.</p>	
<p>*Program Description: Click here to enter text.</p>	
<p>Agenda Outline/Topics Covered (List): Click here to enter text.</p>	
<p>Learning Objectives: (minimum of 3) Participants will:</p> <ol style="list-style-type: none"> Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text. 	
<p>Content References (5): Provide a minimum of 5 resources (within the past 5 years) used to research the topic and/or for further reading. At least 3 of these resources (within the last 10 years) must have overall consistent and credible empirical support in contemporary peer reviewed scientific literature (journals). Please format in APA format.</p> <ol style="list-style-type: none"> 	
<p>Interprofessional Learning: How do you plan to foster learning among different professional disciplines? <i>[can choose more than one]</i></p> <p> <input type="checkbox"/> Panel Discussions <input type="checkbox"/> Networking Groups <input type="checkbox"/> Forums or Chat Groups <input type="checkbox"/> Case Studies <input type="checkbox"/> Breakout Groups <input type="checkbox"/> Interactive Tools (e.g. polls, chat prompts, white boards, etc.) </p>	
<p>Core Competency: Which Core Competency has been incorporated as part of planning for this Activity? <i>[can choose more than one]</i></p> <p> <input type="checkbox"/> Values and Ethics: Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect. <input type="checkbox"/> Roles and Responsibilities: Use the knowledge of one's own role and the team members' expertise to address individual and population health outcomes. <input type="checkbox"/> Communication: Communicate in a responsive, responsible, respectful, and compassionate manner with team members. <input type="checkbox"/> Teams and Teamwork: Apply values and principles of the science of teamwork to adapt one's own role in a variety of team settings. </p>	

By submitting this proposal I understand that I could be selected to speak at any of the 4 annual events in 2026. If I am no longer able to speak at the selected event it is my responsibility to provide the Heartland iaedp Chapter Committee with alternative speakers who can present on a similar topic. We ask that you commit to attending the entire event.

[Click here to enter text.](#) [Click here to enter text.](#)

Signature (Digital/typed is accepted)

Date

[Click here to enter text.](#) [Click here to enter text.](#)

Signature Co-presenter, if applicable

Date

[Click here to enter text.](#) [Click here to enter text.](#)

Signature Co-presenter, if applicable

Date