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**AAMU Department of Psychology & Counseling**

**Professional Development Speaker Series Submission Form**

Thank you for your interest in being a featured speaker for the Alabama A&M University Department of Psychology & Counseling Professional Development Series! Please complete the form below to provide us with your areas of expertise and preferred topics for presentation.

**Contact Information:**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Credentials (LPC, LMFT, Psy.D., Ph.D., etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Organization/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Background:**

1. **Brief Biography:**  
   Please provide a short bio (150-200 words) outlining your professional background, expertise, and current role.
2. **Clinical Areas of Expertise:**  
   Please select the areas that best describe your clinical expertise (check all that apply):
   * ☐ Anxiety
   * ☐ PTSD
   * ☐ Depression
   * ☐ Eating Disorders
   * ☐ Trauma Models/Interventions
   * ☐ Burnout/Compassion Fatigue
   * ☐ Suicide Models/Prevention
   * ☐ Psychological Assessment/Testing (ADHD, Depression, Bipolar, etc.)
   * ☐ Developmental Disabilities/Neurodivergence (ADHD, Autism, etc.)
   * ☐ Treating Asian/Black/Special Populations
   * ☐ Correctional Mental Health
   * ☐ First Responder Mental Health
   * ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Supervision & Training:**  
   Please indicate any experience or expertise you have in clinical supervision or training techniques (check all that apply):
   * ☐ Clinical Supervision Models
   * ☐ Supervision Tools and Techniques
   * ☐ Evidence-Based Clinical Training Techniques
   * ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Presentation Topics:**  
   Please indicate which topic(s) you are interested in presenting (check all that apply):
   * ☐ Evidence-Based Treatments for Anxiety, PTSD, Depression, etc.
   * ☐ Trauma Interventions/Models
   * ☐ Burnout and Compassion Fatigue in Clinicians
   * ☐ Suicide Prevention Models
   * ☐ Ethical/Legal Obligations in Counseling
   * ☐ Psychological Assessment/Testing (ADHD, Depression, Bipolar, etc.)
   * ☐ Neurodivergence and Developmental Disabilities (ADHD, Autism, etc.)
   * ☐ Special Populations (e.g., Black, Asian, LGBTQ+)
   * ☐ Correctional Mental Health/First Responders
   * ☐ Day in the Life of a Psychologist/Private Practitioner
   * ☐ Starting a Private Practice
   * ☐ Landing an Internship
   * ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Preferred Presentation Format:**  
   Please select your preferred presentation format:
   * ☐ Webinar (Online)
   * ☐ In-Person
   * ☐ Hybrid
6. **Availability:**  
   Which schedule would work best for you?
   * ☐ Monthly Sessions
   * ☐ Bi-Monthly Sessions
   * ☐ Fall Semester Only
   * ☐ Spring Semester Only
   * ☐ Summer Semester Only
   * ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Additional Information:**  
   Please provide any additional details you would like us to consider (optional):