

# Program Chair Worksheet – Audio Webcast

Program Chairs/Speakers:

Thank you for volunteering to put on an Audio Webcast for our section! Prior to the event, program chairs/speakers will work with Stefanie to ensure that the following items are completed for a successful program: (1) creating the theme and topics of the program, (2) selecting and confirming speakers, and (3) following up with speakers to submit their materials. To ensure required advertising period and a high-quality program, return this finalized course development worksheet to Stefanie 3 months prior to the event.

**Course Title:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_

**Course Level:**

Intermediate (most common)

Advanced

**CLE Credit Hours** ( \_\_\_\_\_ hour(s) of general credit) (50 mins.= 1 hour credit)

Bias Elimination: \_\_\_\_\_

Ethics: \_\_\_\_\_

Mental Illness Awareness \_\_\_\_\_

Professionalism: \_\_\_\_\_

Substance Abuse: \_\_\_\_\_

Technology: \_\_\_\_\_

**Certification Area** (In addition to CLE Credit)

**Hours**

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**Course Description** (summary for credit and marketing purposes):

**Please answer the following questions for marketing purposes:**

**Why should someone attend this course?**

**Who should attend this seminar?**

# Speakers

**Name (First, Middle Initial, Last):** \_\_\_\_\_

Email: \_\_\_\_\_

City/State: \_\_\_\_\_

Brief Biography: \_\_\_\_\_

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**Name (First, Middle Initial, Last):** \_\_\_\_\_

Email: \_\_\_\_\_

City/State: \_\_\_\_\_

Brief Biography: \_\_\_\_\_

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**Name (First, Middle Initial, Last):** \_\_\_\_\_

Email: \_\_\_\_\_

City/State: \_\_\_\_\_

Brief Biography: \_\_\_\_\_

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# Timed Outline Template

## Topic 1

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Topic Title: \_\_\_\_\_  
\_\_\_\_\_

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Speaker(s) Name (First, Middle Initial, Last):

City: \_\_\_\_\_

Email: \_\_\_\_\_

## Topic 2

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Topic Title: \_\_\_\_\_  
\_\_\_\_\_

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Speaker(s) Name (First, Middle Initial, Last):

City: \_\_\_\_\_

Email: \_\_\_\_\_

## Topic 3

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Topic Title: \_\_\_\_\_  
\_\_\_\_\_

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Speaker(s) Name (First, Middle Initial, Last):

City: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

**Topic 4**

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Topic Title: \_\_\_\_\_  
\_\_\_\_\_

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Speaker(s) Name (First, Middle Initial, Last): \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

**Topic 5**

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Topic Title: \_\_\_\_\_  
\_\_\_\_\_

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Speaker(s) Name (First, Middle Initial, Last): \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

**Steering Committee** (If Applicable)

Name (First, Middle Initial, Last): \_\_\_\_\_

Email: \_\_\_\_\_

City/State: \_\_\_\_\_

Position on Committee: \_\_\_\_\_

Name (First, Middle Initial, Last): \_\_\_\_\_

Email: \_\_\_\_\_

City/State: \_\_\_\_\_

Position on Committee:

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**Name (First, Middle Initial, Last):**

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Email:

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City/State:

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Position on Committee:

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