**2019 PCIT International Biennial Convention Research in Brief: Bridge to Clinical Practice Submission Form**

**For preparation purposes only. All proposals must be submitted via direct online entry at:**

[**2019 PCIT Convention - Online Proposal Submission**](http://depaul.qualtrics.com/jfe/form/SV_1B4bpenzxAfUB7f)

# Deadline for Submissions

Submissions will be accepted through **March 17, 2019**.

**Research in Brief Title**

**Topic** (key words related to problem to be addressed)

**Abstract** (250-word maximum)

**Citations/References** (10 required; 3 within past 10 years)

**Level of Intended Audience** (check all that apply)

*All CE programs must address content at the postdoctoral level or higher.*

☐ **Introductory** *(designed for learners who may have little to no background in a specialized skill or content area)*

☐ **Intermediate** *(builds upon the learner’s foundational knowledge in a content area)*

☐ **Advanced** *(refines the learner’s knowledge and skills in a content area via novel and diverse applications to a challenging context and/or specific population)*

**Presenter(s) Information**

|  |  |
| --- | --- |
| Name: |  |
| Degree: |  |
| Field of Degree: |  |
| Licensure Type: |  |
| Licensure State: |  |
| Licensure Number: |  |
| Professional Title: |  |
| Affiliation: |  |
| Email address: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| Name: |  |
| Degree: |  |
| Field of Degree: |  |
| Licensure Type: |  |
| Licensure State: |  |
| Licensure Number: |  |
| Professional Title: |  |
| Affiliation: |  |
| Email address: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| Name: |  |
| Degree: |  |
| Field of Degree: |  |
| Licensure Type: |  |
| Licensure State: |  |
| Licensure Number: |  |
| Professional Title: |  |
| Affiliation: |  |
| Email address: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| Name: |  |
| Degree: |  |
| Field of Degree: |  |
| Licensure Type: |  |
| Licensure State: |  |
| Licensure Number: |  |
| Professional Title: |  |
| Affiliation: |  |
| Email address: |  |
| Phone Number: |  |