**2019 PCIT International Biennial Convention Symposium 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**.

**Symposium Title**

**Symposium Abstract** (250-word maximum)

**Learning Objectives/Description of Skills Acquired** (3 required)

**Citations/References** (3 required 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)*

**Symposium Chair Information**

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

**Discussant Information**

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

**Presenter(s) Information (up to 4 total)**

***Presentation #1: Primary Presenter***

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

***Presentation #1 Title:***

***Presentation #1 All Presenter Names:***

***Presentation #1 Abstract (250-word maximum):***

***Presentation #2: Primary Presenter***

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

***Presentation #2 Title:***

***Presentation #2 All Presenter Names:***

***Presentation #2 Abstract (250-word maximum):***

***Presentation #3: Primary Presenter***

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

***Presentation #3 Title:***

***Presentation #3 All Presenter Names:***

***Presentation #3 Abstract (250-word maximum):***

***Presentation #4: Primary Presenter***

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

***Presentation #4 Title:***

***Presentation #4 All Presenter Names:***

***Presentation #4 Abstract (250-word maximum):***