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| **WORKSHOP TITLE** | | | |
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| **WORKSHOP DESCRIPTION** | | | |
| *Describe the workshop indicating the topic’s relevance to the CCAS and its members. Please specify how this workshop will be applicable to attendee’s professional development, clinical, educational, and/or research areas of interest.* | | | |
| **WORKSHOP OBJECTIVES** | | | |
| *Please list minimum of 3 learning objectives that will be met by participants upon completion of the workshop.* | | | |
| **WORKSHOP COORDINATOR(s)** | | | |
| *Name* | *Title* | *Institution* | *Email address* |
| *Name* | *Title* | *Institution* | *Email address* |
| *Name* | *Title* | *Institution* | *Email address* |
| **WORKSHOP FACULTY** | | | |
| *Name* | *Title* | *Institution* | *Email address* |
| *Name* | *Title* | *Institution* | *Email address* |
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| *Name* | *Title* | *Institution* | *Email address* |
| **PROPOSED DURATION** | | **PROPOSED NUMBER OF PARTICIPANTS** | |
|  | |  | |
| **PROPOSED WORKSHOP AGENDA** | | | |
| *Please provide a* ***DETAILED*** *agenda* ***DESCRIBING*** *how the above learning objectives will be met and in what time frame (i.e. lecture, small group facilitation, hand-on demonstration, think-pair-share, etc.).* ***Since this is a workshop, the emphasis should be on multiple interactive sessions with a minimal (if any) number and duration of lecture and/or power point presentations by workshop faculty. Please describe each interactive session planned for the workshop.*** | | | |
| **HAS THIS WORKSHOP BEEN HELD AT A PRIOR MEETING?** | | | |
| *Please list the name, location, and date of the meeting where this workshop was previously held.* | | | |
| **EQUIPMENT AND RESOURCE NEEDS** | | | |
| *Please indicate any expected equipment, AV needs, and/or room specifics that will be required for the workshop.* | | | |