

Workshop and Training Proposal Form

Please fill out the form below to propose future education and training opportunities for CCPA.

Workshop/Training Title: _____

Workshop Topic Summary: *Please write a short summary of your workshop. What is your main goal?*

Skills/Knowledge: *What are the skills, knowledge, and attitudes that will be addressed in this workshop?*

Participant Outcomes: *What are some measurable things you want participants to gain?*

Duration of workshop: _____

Participants: *Who are your intended participants of this workshop or training?*

Maximum Enrollment: _____

Workshop materials:

Facilitator(s)/Presenter(s):

Name(s): _____

Organization/Affiliation: _____

Phone: _____

E-mail: _____

Role: _____

Qualifications: _____

Please submit proposals by email to Katie Breslin, kbreslin@ccpa-inc.org.

Connecticut Community Providers Association

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