

## 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?*

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

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

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**Duration of workshop:** \_\_\_\_\_

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

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**Maximum Enrollment:** \_\_\_\_\_

**Workshop materials:**

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**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](mailto:kbreslin@ccpa-inc.org)**.

*Connecticut Community Providers Association*

35 Cold Spring Rd., Suite 522, Rocky Hill, CT 06067-3165  
[P] 860.257.7909 [F] 860.257.7777  
[www.ccpa-inc.org](http://www.ccpa-inc.org)