

MICRO-LEARNING SUBMISSION FORM

MICRO-LEARNING GUIDELINES

Submissions will open on **May 1, 2022**. All SMEs who submit their topic between **May 1st – May 15th** will be contacted for a brief follow-up conversation by a PD committee member. All topics will be finalized, and SMEs will be notified no later than May 31st that they have been selected and their topic will be added to the Micro-Learning Calendar. Once Micro-Learning is completed, a \$50 Gift Card will be mailed to the SME (at the address provided within 30 days).

SUBJECT MATTER EXPERTS should have a record of success in their topic area and be willing to use their expertise to SHINE:

- Support ICFTN member development
- Help ICFTN identify our diverse gifts
- Increase your visibility in ICFTN
- Network meaningfully with other ICFTN coaches
- Equip ICFTN members with tools for success

- Additionally, SMEs should demonstrate an engaging facilitation style that will support our goal of making content memorable, easy to retain, and well-rated.**

MICRO-LEARNING CRITERIA should align with ICF standards and ethics, as well as spark interest with chapter members. Topics will be selected based on the following:

- Topic clearly aligns with ICF standards and ethics
- Topic provides clarity of expected session outcomes and takeaways for participants
- Topic incorporates diverse ideas and perspectives and engages with an inclusive lens
- Topic provides opportunity for participants to demonstrate one or more ICF Core Competency**
- Session includes one or more tool(s) or resource(s) to supplement participant's experience and for continued learning:

Name: _____ Business/Organization: _____
 Business Address _____ City: _____ State: _____ Zip: _____
 Business Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____

COACHING PRACTICE TYPE

- | | | | |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> Branding | <input type="checkbox"/> Corporate/Internal | <input type="checkbox"/> Health/Wellness | <input type="checkbox"/> Health/Wellness |
| <input type="checkbox"/> Business | <input type="checkbox"/> Executive | <input type="checkbox"/> Leadership | <input type="checkbox"/> Relationship |
| <input type="checkbox"/> Career | <input type="checkbox"/> Financial | <input type="checkbox"/> Personal/Life | <input type="checkbox"/> Other _____ |

PREFERRED CALENDAR MONTH

- JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER

PLEASE PROVIDE THE FOLLOWING MICRO-LEARNING DETAILS:

Micro Learning Topic:
Micro-Learning Objectives (List 3): 1. 2. 3.
Micro- Learning Short Description (50 words max):
Micro-Learning Resources (list all that apply): <input type="checkbox"/> Link to Resource <input type="checkbox"/> Topic Handout <input type="checkbox"/> Engagement Activity <input type="checkbox"/> Worksheet <input type="checkbox"/> Other _____

FOR INTERNAL USE ONLY

Criteria Met: _____ Approved by: _____ Date Approved: _____