APPLICATION FOR UPA ENDORSEMENT OF CONTINUING EDUCATION

Please allow 30 days for CE approval. If you are sponsoring more than one presenter, please complete 1-9 numbered below for EACH presentation that you wish approved for CE credit.

We are happy to aid you in the planning of the event to ensure CE approval or aid you in the completion of the form. A UPA member psychologist must be part of the planning committee to receive CE credit.

# Sponsor

Sponsor (Name of the agency or individual): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

# CE Program Information

Program Address:

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Location (must be handicapped accessible):

Please note the total number of CE credits requested (all presenters): \_\_\_\_\_\_\_\_\_\_\_

Describe how this overall event is directly relevant to psychologists:

Please provide an outline of the topics on a separate page that covers the entire event; all programs.

Attach a copy of marketing materials including brochures as they are available.

Describe how the planning committee has ensured the confidential nature of case materials or other material as applicable:

# CE Administrator

Provide information of the person responsible for maintaining a file of this event including attendance and completion of the program:

CE Administrator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

# UPA Liaison

Provide the name and contact information of the **UPA Psychologist** who has been involved in the planning of this CE event. This person is responsible to ensure the Ethical Principles will be followed and may act as a liaison for UPA.

UPA Liaison: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

# Steps for Each Presentation

Repeat items below for each presentation applying for CE credit

1. Title of Presentation
2. Format of the presentation (lecture, workshop, etc.)
3. Start and End Time
4. Number of CE credits applying for this presentation
5. Presenter’s name, degree, specialty
6. Describe the session. This should represent a summary of the presenter’s material. A statement of possible risk should be included in this summary. For example, risk to attendees, risk to those applying what is learned, and risk to patients.
7. Learning Statement and Citation
8. Learning Objectives
9. Provide a program evaluation form. Please include specific learning assessment questions based on the learning objectives.
10. Attach presenters' current CV.

For **the Learning Statement** and **Learning Objectives**: List what the attendees to be able to do as a result of having attended the presentation. These are observable and measurable objectives and include among other goals, learning objectives for all identified risks noted in your summary. Please provide a peer-reviewed citation appropriate to the learning objectives. One citation is enough if it pertains to ALL learning objectives.

**APA example of a well-written learning objective**

|  |
| --- |
| *Based on Dr. Who Knows’ book entitled “Hypnosis and Work with Chronic Pain,” 1st Edition, 2009, this workshop is designed to help you:*1. *Summarize basic hypnosis theory and technique.*
2. *Observe demonstrations of hypnotic technique and phenomena.*
3. *Recognize difference between acute and chronic pain.*
4. *Utilize hypnosis in controlling acute pain.*
5. *Apply post-hypnotic suggestions to chronic pain.*
6. *Practice hypnotic technique in dyads.*
 |

APA example of **evaluation form** to be included on each event’s evaluation form:

**APA example of appropriate learning assessment questions to be included on each event’s evaluation form**

|  |  |  |
| --- | --- | --- |
| *Based on the content of the workshop, I am able to:* | *Strongly Agree*  | *Strongly Disagree* |
|  |  |  |  |  |  |
| *1. Describe at least two theoretical approaches to hypnosis* | *5* | *4* | *3* | *2* | *1* |
| *2. Employ at least two hypnotic induction techniques* | *5* | *4* | *3* | *2* | *1* |
| *3. Explain how psychological approaches differ when applied to acute vs. chronic pain* | *5* | *4* | *3* | *2* | *1* |
| *4. Demonstrate a technique for applying hypnosis to acute pain* | *5* | *4* | *3* | *2* | *1* |
| *5. Provide a post-hypnotic suggestion for controlling chronic pain* | *5* | *4* | *3* | *2* | *1* |
| *6. State that I had the opportunity to practice the technique during the workshop* | *5* | *4* | *3* | *2* | *1* |

# Application Submission and Fee

# Payment options:

## Check

Send check by mail to:

Teresa Bruce, UPA Executive Director
5442 South 900 East, Suite 512
Salt Lake City, UT  84117
utahpsych@gmail.com

## Credit Card

You may call in a credit card payment at (801) 410-0337

##### Submission

Email application and all applicable attachments to: utahpsych@gmail.com
If you choose to mail a hard copy, mail to:

Teresa Bruce, UPA Executive Director
5442 South 900 East, Suite 512
Salt Lake City, UT  84117

This application was submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Mail payment of $25/credit hour (not to exceed $150) to:

Teresa Bruce, UPA Executive Director
5442 South 900 East, Suite 512
Salt Lake City, UT 84117
utahpsych@gmail.com

Or you may call her with a credit card payment: (801) 410-0337

\_\_\_\_ Check here if you would like us to advertise your event on the UPA website. Please include an addition $100 for this service. We will advertise for the two months prior to your event.

\_\_\_\_ Check here if you would like us to send a notification of your event to the UPA listserve. Please include an additional $50 for this service. We will send your advertisement (provided by you) to the UPA listserve 2 weeks and 1 week prior to your workshop.

Email application and all applicable attachments to: utahpsych@gmail.com

If you choose to mail a hard copy, mail to:

Teresa Bruce, UPA Executive Director
5442 South 900 East, Suite 512
Salt Lake City, UT  84117

If you choose to mail/fax a hard copy, mail or fax to:

# Checklist

[ ]  Outline of entire event including ALL presentations

[ ]  Complete items 1-9 above for each presentation

[ ]  Current CVs for all presenters applying for CE credit

[ ]  Copy of evaluation forms for each presentation applying for CE credit

[ ]  Copy of promotional materials and brochures

[ ]  Application fee and advertising fees (if desired) sent to UPA Executive Director (determined by the credit hours and advertising you are requesting: see above)

# For UPA Use

Date UPA received this application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_

Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_