DATE:

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**Co-sponsorship of Continuing Education Events**

# 1020 Osterville West Barnstable Rd, Marstons Mills, MA, 02648

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CommonwealthSeminars@gmail.com - www.CommonwealthSeminars.com

## CONTINUING EDUCATION APPLICATION FORM FOR CO-SPONSORSHIP OF YOUR PRESENTATION

1. Sponsoring person or organization:

2. Contact person:

3. Title of program:

4. Instructor(s):

5. Date(s) of each presentation:

6. Location: Please indicate that your program is live in-person, or ‘live’ online in real time, or is a pre-recorded webinar. (Programs may be a combination of the three examples.)

7. Continuing education credit is requested for the following professions:

( ) Social Workers ( ) Psychologists ( ) Nurses ( ) Licensed Marriage & Family Therapists

( ) Licensed Professional Counselors/Licensed Mental Health Counselors

We, at Commonwealth Educational Seminars, will be reviewing your course content/objectives and your promotional materials, including websites, brochures/flyers and promotional emails to determine that your materials meet the standards, regulations, and requirements of the national organizations with whom we are associated.

8. Course Description:

Which topics will be discussed? Please add more space as needed.

Program content must focus on application of psychological assessment and/or intervention methods that have overall consistent and credible empirical support in the contemporary peer reviewed scientific literature.

The content of all CE programs must be evidence-based.

A statement must include the disclosure and explanation of the presence **or absence** of commercial support or conflict of interest.

Example: There is no known commercial support nor conflict of interest for this program.

9. Important information for learning objectives:

Requirements for Writing Behavioral Learning Objectives

A. Learning objectives must be observable and measurable.

For example: At the conclusion of this program, participants will be better able to:

Unacceptable learning objective:

Apply EMDR techniques related to treatment interventions –

Acceptable learning objective:

Apply 3 treatment interventions based on EMDR techniques.

B. Learning objectives should be appropriate in breadth e.g., 3-4 learning objectives for a 4-hour program.

2-3 LO for 1-3 hours • 3-4 LO for 4-6 hours • 5-6 LO for 7-8 hours.

C. Learning objectives must be fully linked to a) the program narrative, b) references, and c) the promotional materials.

**Please be certain that you use only the acceptable verbiage below:**

List, describe, recite, write, identify, compute, discuss, explain, predict, apply, demonstrate, prepare, use, analyze, design, select, utilize, compile, create, plan, revise, assess, compare, rate, critique.

\*\* Please note that although above verbiage is acceptable, it is not acceptable without also including a measurable outcome, often materializing as a numeric outcome.

Verbs to avoid when writing learning objectives:

Know, understand, learn, appreciate, become aware of, become familiar with.

10. Please state the teaching goals/learning objectives, and be sure that they meet above guidelines. Please add more space as needed.

At the conclusion of this program, participants will be better able to:

11. Instructional methodology

( ) Lecture ( ) Case Presentation ( ) Other (Specify) Interactive Exercises

( ) Audio/Visual () Discussion Groups ( ) On-line Presentation

12. If you have checked “On-line Presentation,” you will need to provide us with a post test along with your application. **However, no post test** is required for “live” online – in real time, programs. Post tests are only required for pre-recorded take-when-you-want online programs.

Post test requirements:

A. Six to eight questions for each CE/contact/learning/teaching hour.

B. Questions need to be true/false and/or multiple choice, however requirements are such that only one true/false question per CE hour is allowed.

When you send us your post test, please indicate the correct answers.

C. Questions should be relevant to all program objectives.

D. Please have multiple persons (3-4 minimal) review the post test to ensure that the questions and answers are clear, understandable, and relevant to the target audience.

13. Please note: you will be asked to sign, as well as fill in your parts of our CES Co-Sponsorship Agreement, prior to our acceptance of your program, and prior to you receiving your Approval Document. The link to that agreement is below the link to this Application Form.

14. At the bottom of this Application is an Evaluation Form. Please fill in your parts. If you prefer to design your own evaluation, please send that as an attachment. The following two questions must be included verbatim.

How much did you learn as a result of this CE program?

1 2 3 4 5

Very little Great deal

How useful was the content of this CE program for your practice or other professional development?

1 2 3 4 5

Not useful Extremely useful

On your evaluations, please list and assess each individual Learning Objective.

It is required that you provide us with an **Evaluation Summary** that includes a numerical average or percentage for responses to each item on the evaluation form.

15. Provide at least three (3) current (within the past 10 years), relevant (aligned with learning objectives and content), supporting (e.g., peer-reviewed journal articles), and complete references (in APA format).

An example of a reference (journal article) in APA format:

Grady, J. S., Her, M., Moreno, G., Perez, C., & Yelinek, J. (2019). Emotions in storybooks: A comparison of storybooks that represent ethnic and racial groups in the United States. Psychology of Popular Media Culture, 8(3), 207–217.

An example of a reference (book) in APA format:

Torino, G.C., Rivera, D.P., Capodilupo, C.M., Nadal, K.L., & Sue, D.W. (Eds.). (2019). *Microaggression theory: Influence and implications.* John Wiley & Sons.

Please type your references here, adding more space, if needed:

16. Fill in the exact schedule and the total of ***only*** instructional hours (exclude registration, lunch, coffee breaks, etc.) on the grid to the right. If the schedule is repeated more than one day, **indicate the dates in the second column**. If the ***total*** of instructional hours (in the box) includes a fraction under ½ omit that fraction.

17. In addition to filling in your program hours below, please attach a schedule that shows the actual hours of the day(s) that each topic(s) will be presented.

#### SAMPLE Your program hours

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Time of Each Session | Date | Instructional Hours | | Time of Each Session | Date | Instructional Hours | |
| Begins: 9:00am  Ends: 12:00pm | 11/6/20 | 2.75 | | Begins:  Ends: |  |  | |
| Begins: 1:15pm  Ends: 3:15pm | 11/6/20 | 2 | | Begins:  Ends: |  |  | |
| Begins: 9:00am  Ends: 12:00pm | 11/7/20 | 2.75 | | Begins:  Ends: |  |  | |
| Begins: 9:00am  Ends: 12:15pm | 11/8/20 | 3 | | Begins:  Ends: |  |  | |
| **Total Instructional Hours**  **Whole or Half Hours only** | | | 10.5 | Begins:  Ends: |  |  | |
|  | | | |  |  |  | |  | 1.5 |
|  | | | | **Total Instructional Hours** Whole or Half Hours only | | |  |

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18. Instructor(s) Qualifications. Please attach CV(s).

19. Person responsible for program:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete mailing address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Person to contact to clarify or give information – may be same as above:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Evaluation**

**Commonwealth Educational Seminars**

Please help us gauge the effectiveness of this seminar and plan for future offerings by answering the following questions as completely as possible:

Name: (Optional) Signature: (Optional) \_\_

My profession:\_\_\_\_\_Psychologist \_\_\_ Social Worker \_\_\_\_ Nurse \_\_\_\_ Marriage and Family Therapist

\_\_\_\_\_\_ Licensed Professional Counselor/Licensed Mental Health Counselor

**Seminar Title:**

**Date:**

**Location:**

**Instructor(s):**

**Sponsor:**

**Attainment of Objectives**: Agree Disagree

I am better able to:

Evaluation statement 1 . 5 4 3 2 1

Evaluation statement 2 5 4 3 2 1

Evaluation statement 3 5 4 3 2 1

Evaluation statement 4 5 4 3 2 1

How much did you learn as a result of this CE program?

1 2 3 4 5

Very little Great deal

How useful was the content of this CE program for your practice or other professional development?

1 2 3 4 5

Not useful Extremely useful

**Content: Agree Disagree**

A. Clear and easy to grasp concepts. 5 4 3 2 1

B. Adhered to stated objectives. 5 4 3 2 1

C. Met my expectations and needs. 5 4 3 2 1

**Instructor:**

A. Exhibited knowledge of subject. 5 4 3 2 1

B. Clear and concise presentation. 5 4 3 2 1

C: Other comments:

**Teaching Methods:**

Appropriate and effective for subject. 5 4 3 2 1

Provided for adequate feedback from

attendees. 5 4 3 2 1

**Facilities:**

Access, room layout, facilities 5 4 3 2 1

were appropriate.

**Future Seminar Topics:**

Please tell us what topics you would like to see presented in future seminars.