

Application for MPA/F Co-Sponsorship of a Continuing Education Activity

Organization requesting co-sponsorship

Contact Person

Phone Email

Mailing Address

City State Zip

Date(s) and time(s) of Activity:

Number of CE Credits: *Note: One CE Credit = One hour.*

Must be at least one hour in duration, beyond one hour quarter hour increments are permitted, i.e., 1.5 CE Credits.

Location of Activity:

Note: Site needs to be accessible for physically challenged individuals.

What is the makeup of the intended audience:

Psychologists Psychiatrists Social Workers Marriage and Family Therapists

Professional Counselors Others

What is the intended level of this activity?

Beginner Intermediate Advanced

Type of Activity: (check one)

Workshop

Conference

Lecture Series

In-depth institute or program (6 months or more)

Other (describe below)

Other:

Title of Proposed Activity:

Brief description of program:

Or

Attach a copy of the proposed program.

Please enumerate learning objectives: (Refer to the enclosed “writing behavioral learning objectives”)
Per workshop if co-sponsorship is for a conference. Attach additional pages as necessary.

1)

2)

3)

Name and Credentials of Presenter (s): (Include a copy of their current vitae)

Describe the plan for documentation of registration, attendance, and evaluation (attach sample evaluation form, if possible): *Note: MPA can provide a sample evaluation form if requested.*

Physical arrangements for activity?

Already completed

To be arranged

Arrangements made for ADA accommodations? If any.

Anticipated number (and any limits to number) of participants?

Minimum Maximum Anticipated Number

Will there be any commercial support for this CE activity, sponsor, or instructor (or any other relationship) that could reasonably be construed as a conflict of interest? yes no

Will there be any commercial support for content of instruction (e.g. research grants funding research findings, etc.) that could be construed as a conflict of interest? yes no

Will there be any commercial support or benefit for endorsement of products (e.g. Books, training, drugs, etc.) yes no

Is there any other potential conflict of interest?

yes no

If yes to any of the questions above, please explain:

In submitting this application, I/We have subscribed to and supported the objectives of the American Psychological Association as set forth in Article I of the Bylaws, and the Ethical Principles of Psychologists, as adopted by the Association. (Available on the web at www.apa.org/ethics) I/We certify that, to the best my/our knowledge, none of the proposed instructors is under investigation for ethical violations.

I/We agree to the above Ethics Declaration

Date Submitted

Pricing & Payment

Single workshop \$225.00 5 or more workshops \$550.00
 2 - 4 workshops \$300.00 Multiple Day event \$1300.00

Payment Method

Charge my: VISA / MC / Discover OR Check enclosed (payable to MPAF) Amount :\$

Name on Card

Address

City State Zip

Card Number Expiration Date: