



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
 500 Mero St., 2 SC 32, Frankfort, KY 40601 (Courier/Special Delivery)
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CONTINUING EDUCATION SPONSORSHIP APPLICATION

This application was originally formulated by the American Psychological Association, and subsequently modified by the Kentucky Board of Examiners of Psychology.

Sponsor Approval System Fee as of February, 2017	
Application Fee (must accompany application):	\$250.00 (Initial)
Renewal Fee:	\$150.00

THIS APPLICATION MUST BE ACCOMPANIED BY THE FEE BEFORE IT WILL BE REVIEWED

Organization		Contact Person		
Mailing Address: Street	City	State	Zip Code	
Phone		Fax		
Email		Web Address		

GENERAL INFORMATION

1. TYPE OF ORGANIZATION
 Please indicate the following (check all that apply):

<input type="checkbox"/> Univ/College: Psychology Dept.	<input type="checkbox"/> Professional Society/Association
<input type="checkbox"/> Univ/College: Other Division	<input type="checkbox"/> Hospital/Medical School
<input type="checkbox"/> Private Educational Organization	<input type="checkbox"/> Mental Health Center/Clinic
<input type="checkbox"/> Professional School of Psychology	<input type="checkbox"/> Government Agency
<input type="checkbox"/> Individual	<input type="checkbox"/> Other (specify): _____

2. MAJOR GOALS AND FUNCTIONS OF YOUR ORGANIZATION
 What are the major goals and functions of your organization? (This question refers to the overall, or parent organization. If your organization's only function is to offer continuing education, please indicate so in response to this question, and provide a more detailed description of your organization's purpose in response to Question A.1.).

3. APPROVAL HISTORY
 Have you previously applied to the Kentucky Board of Examiners of Psychology, American Psychological Association, or Kentucky Psychological Association for approval as a sponsor of continuing education for credential holders?

No
 Yes If yes, date of application (m/yr): _____ Decision: _____

4. TARGETED AUDIENCE
 Persons licensed by the Kentucky Board of Examiners of Psychology as regulated by KRS 319, and the following indicated participants:

<input type="checkbox"/> Physicians	<input type="checkbox"/> Educators
<input type="checkbox"/> Psychiatrists	<input type="checkbox"/> Graduate Students
<input type="checkbox"/> Social Workers	<input type="checkbox"/> Undergraduate Students
<input type="checkbox"/> Nurses	<input type="checkbox"/> Other (specify): _____

of approval.

1. Provide below a list of names, highest degree earned and employment setting of credential holders, mental healthcare professionals and/or "qualified professionals" responsible for program planning, and describe the contribution of each individual to the planning process.

NAME	DEGREE	EMPLOYMENT SETTING	ROLE IN PROGRAM PLANNING

1.a. If the above individuals work as part of a committee or advisory group, please describe how the committee functions as a whole and how often it meets.

2. Who is the administrator or designee of your CE program? Describe how this individual ensures that the Standards and Criteria and Policies and Procedures of the Sponsor Approval System will be upheld.

3. Describe your method for ensuring the security of tests and proprietary information, and the confidentiality of individuals and organizations as well as anonymity of a person-specific consumer or consumers.

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4. Describe your procedures for dealing with participant complaints. Please attach a copy of the written procedures that you would provide to participants upon their written request.

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5. Describe the policies and procedures your organization has developed to guard against discrimination in staff hiring, selecting participants and faculty, and developing content for your CE programs.

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6. Describe your method for ensuring that your programs are accessible to participants with disabilities (e.g., physical, visual, and/or hearing impairments).

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7. Do you collaborate with other organizations to provide continuing education programs for credential holders? Yes No

If yes, do you maintain full responsibility for the administration of these programs? Yes No

If you collaborate with other organizations to offer CE programs for credential holders, provide an attachment that lists the names of the organization with whom you collaborate over the past year, the program titles, and program dates. Corresponding promotional materials for all listed programs must be provided in Section G. Promotion and Advertising of Programs.

REQUIRED ATTACHMENTS FOR SECTION B:

- Curriculum Vitas
- Written procedures for dealing with participant complaints
- List of collaborating organizations, program titles and dates (if applicable)

Sample Grievance Procedure

GRIEVANCE PROCEDURE

_____ is fully committed to conducting all activities in strict conformance with
(Name of Agency)

201 Kentucky Administrative Regulation 26: 130. _____ will comply with all legal and ethical responsibilities to be non-discriminatory in promotional activities, program content and in the treatment of program participants. The monitoring and assessment of compliance with these standards will be the responsibility of the Continuing Education Committee Chair and the members of the Continuing Education Committee, as well as the Kentucky Board of Examiners of Psychology.

While _____ goes to great lengths to assure fair treatment for all participants and attempts to anticipate problems, there will be occasional issues which come to the attention of the program staff which require intervention and/or action on behalf of _____. This procedural description serves as a guideline for handling such grievances.

When a participant, either orally or in written format, files a grievance and expects action on the complaint, the following actions will be taken.

1. If the grievance concerns a speaker, the content presented by the speaker, or the style of presentation, the individual filing the grievance will be asked to put his/her comments in written format. The CE Chair will then pass on the comments to the speaker, assuring the confidentiality of the grieved individual.

2. If the grievance concerns a workshop offering, it's content, level of presentation, or the facilities in which the workshop was offered, the convention chair will mediate and will be the final arbitrator. If the participant requests action, the convention chair will:

- a. attempt to move the participant to another workshop or
- b. provide a credit for a subsequent year's workshop or
- c. provide a partial or full refund of the workshop fee.

Actions 2b and 2c will require a written note, documenting the grievance, for record keeping purposes. The note need not be signed by the grieved individual.

STANDARD C: EDUCATIONAL PLANNING AND INSTRUCTIONAL METHODS

PRINCIPLE

Successful continuing education in psychology requires: (1) careful educational planning that results in a clear statement of educational objectives; (2) the selection of appropriate instructional methods to achieve those objectives; and (3) the selection of instructional personnel, that being a “qualified professional” with demonstrated expertise in the program content.

CRITERIA

- Sponsors must develop educational objectives that clearly describe what participants are expected to learn.
- Sponsors must select instructors with expertise in the program content and who are competent to teach this program content at a level that builds upon a completed post-bachelor degree in psychology. Sponsorships should have previously provided at least two learning activities which yielded “satisfactory” ratings as based upon participant-based program evaluations gathered by feedback reports and measures.

1. For your two most recent programs, complete the chart below that lists the activity titles, number of credits awarded, instructional method, learning objectives, and instructor name and degree(s). A full CV must be provided for each instructor. If you are a new applicant and have not yet offered any CE activities, you must provide this information for programs you plan to offer in the future. If one or more of the activities listed is a multi-session program for which credit is earned on a session-by-session basis, you must list individual session names. Do not list the overall conference.

Activity Title	Number of Credits Awarded
Instructional Method*	Instructor(s)
Learning Objectives	
*For the instructional method, indicate the delivery method used for the activity (e.g., workshop, seminar, book, CD-ROM, etc.)	

Activity Title	Number of Credits Awarded
Instructional Method*	Instructor(s)
Learning Objectives	
*For the instructional method, indicate the delivery method used for the activity (e.g., workshop, seminar, book, CD-ROM, etc.)	

QUESTIONS 2 AND 3 ARE FOR HOME STUDY PROVIDERS ONLY

2. Do you offer home study/distance-learning programs? Yes No

If you answered yes, check the delivery method(s) used:

- Publication (book, magazine, journal article, etc.)
- Video
- Online
- CD-ROM
- Other (specify):

3. List below the name and degree of the individual(s) responsible for home study program development and test preparation. A full CV must be included as an attachment for each individual.

REQUIRED ATTACHMENTS FOR SECTION C:

- Full CVs of instructors (biographical summaries are not sufficient)
- Full CV for individual(s) responsible for home study program and test preparation (if applicable).

STANDARD D: CURRICULUM CONTENT

PRINCIPLE

The content of continuing education is the crucial component of programs intended to maintain, develop, and increase conceptual as well as applied and operational competencies that are relevant to psychological practice, education, and science. CE programs may include content related to well-established psychological principles, or may be based on content that extends current theory, method, or practice. CE programs may provide information related to best practices (e.g., outcome-based measures), ethical, legal, statutory, or regulatory policies, guidelines, and standards that impact psychology.

CRITERIA

- Sponsors must be prepared to demonstrate that information and programs presented are based on a methodological, theoretical, research, or practice knowledge base. This requirement must be met by at least one of the following:
 - Program content has obtained credibility, as demonstrated by the involvement of the broader psychological practice, education, and science communities in studying or applying the findings, procedures, practices, or theoretical concepts;
 - Program content has been studied according to established procedures of scientific scrutiny that can be reasonably relied upon;
 - Program content has peer reviewed, published support beyond those publications and other types of communications devoted primarily to the promotion of the approach;
 - Program content is related to best practices, ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychology.
 - Program content should also provide presentation of new, experimental, and/or innovative training and education.
- Sponsors are required to ensure that instructors, during each CE presentation, include statements that describe the accuracy, reliability and utility of the materials presented, the basis of such statements, the limitations of the content being taught, and the severe and the most common risks.
- Sponsors must offer program content that builds upon the foundation of a completed post-bachelor degree in psychology.
- Sponsors must be prepared to demonstrate that content is relevant to psychological practice, education, or science.
- Sponsors must clearly describe any commercial support for the CE program, presentation, or instructor to program participants at the time the CE program begins. Any other relationship that could be reasonably construed as a conflict of interest also must be disclosed.

1. For your two most recent programs (as listed in response to Question C.1 of this application), indicate which aspects of Criterion 1 your programs meet (check all that apply):

- Program content has obtained credibility, as demonstrated by the involvement of the broader psychological practice, education, and science communities in studying or applying the findings, procedures, practices, or theoretical concepts.
- Program content has been studied according to established procedures of scientific scrutiny that can be reasonably relied upon.
- Program content has peer reviewed, published support beyond those publications and other types of communications devoted primarily to the promotion of the approach.
- Program content is related to ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychology.

For each item checked, describe how your program meets that criterion. Where applicable, you must also provide citations.

2. Describe how you will ensure that instructors include statements that describe the accuracy, reliability, utility of the materials presented, the basis of such statements, the limitations of the content being taught, and the severe and the most common risks.

3. Do you (organization and/or instructor) receive commercial support, or have any other relationship that could be reasonably construed as a conflict of interest? Yes No

If yes, describe how this is made evident to program participants.

STANDARD E: PROGRAM EVALUATION

PRINCIPLE

Evaluation of CE programs is for the purpose of improving future programs.

CRITERIA

- Sponsors must obtain the CE participants' evaluation as to how well each educational objective was achieved.
- Sponsors must assess the participants' satisfaction, using a written evaluation form, with the overall program.
- Sponsors must ensure that there is a method in place to assess what the participants have learned from the program.
- Sponsors must use the results of the abovementioned evaluation processes to improve and plan future programs.

1. Describe your method for assessing participant satisfaction with the program. You must attach a sample of your written evaluation form.

2. Describe your method for assessing the level of learning achieved by participants. Providers of home study programs must attach sample tests of achieved learning for the four most recent activities. For each sample test provided, you must indicate the program title and number of CE credits offered. For new applicants, you must attach sample post-tests for programs you plan to offer in the future.

3. Describe how evaluation feedback is used to improve and plan future programs. For all programs offered in the past year, you must provide a quantitative summary of the evaluations.

REQUIRED ATTACHMENTS FOR SECTION E:

- Satisfaction evaluation form.
- Test of achieved learning (post-test) – required for home study providers. Must indicate activity title and number of

credits awarded.

Evaluation summaries for all programs offered in the past year.

Sample Evaluation Form #1

Topic Title: _____

Participant's Name (optional): _____

EVALUATION TOOL

We appreciate your help in evaluating this program. Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high). Please fill out both sides of this form:

OBJECTIVES

This program met the stated objectives of:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Identify three types of neurological complications often found after traumatic brain injury. | 1 | 2 | 3 | 4 | 5 |
| 2. Identify three types of other traumatic complications often found after traumatic brain injury. | 1 | 2 | 3 | 4 | 5 |
| 3. List two types of medications to be avoided after traumatic brain injury. | 1 | 2 | 3 | 4 | 5 |

SPEAKERS (generally)

- | | | | | | |
|---|---|---|---|---|---|
| 1. Knowledgeable in content areas | 1 | 2 | 3 | 4 | 5 |
| 2. Content consistent with objectives | 1 | 2 | 3 | 4 | 5 |
| 3. Clarified content in response to questions | 1 | 2 | 3 | 4 | 5 |

CONTENT

- | | | | | | |
|--------------------------------------|---|---|---|---|---|
| 1. Appropriate for intended audience | 1 | 2 | 3 | 4 | 5 |
| 2. Consistent with stated objectives | 1 | 2 | 3 | 4 | 5 |

TEACHING METHODS

- | | | | | | |
|--|---|---|---|---|---|
| 1. Visual aids, handouts, and oral presentations clarified content | 1 | 2 | 3 | 4 | 5 |
| 2. Teaching methods were appropriate for subject matter | 1 | 2 | 3 | 4 | 5 |

FACULTY

- | | | | | | |
|---|---|---|---|---|---|
| 1. Knowledgeable in content area | 1 | 2 | 3 | 4 | 5 |
| 2. Content consistent with objectives | 1 | 2 | 3 | 4 | 5 |
| 3. Clarified content in response to questions | 1 | 2 | 3 | 4 | 5 |

RELEVANCY

- | | | | | | |
|---|---|---|---|---|---|
| 1. Information could be applied to practice | 1 | 2 | 3 | 4 | 5 |
| 2. Information could contribute to achieving personal, professional goals | 1 | 2 | 3 | 4 | 5 |

FACILITY

- | | | | | | |
|--|---|---|---|---|---|
| 1. Was adequate and appropriate for session | 1 | 2 | 3 | 4 | 5 |
| 2. Was comfortable and provided adequate space | 1 | 2 | 3 | 4 | 5 |

This program enhanced my professional expertise

Substantially Somewhat Not at all

I would recommend this program to others

Yes No Not sure

COMMENTS/PROGRAM IMPROVEMENTS:

I would like (name of Kentucky Board of Examiners of Psychology-approved sponsor) to provide seminars or workshops on the following topics:

IN GENERAL

Do you prefer: half-day seminars full-day seminars multi-day seminars

Do you prefer seminars in: hotels hospitals no preference

How much time do you need to respond to a program announcement?

less than 1 month 4 to 6 weeks more than 6 weeks

How did you hear about this program?

brochure supervisor colleague other

How far did you travel to attend this program?

0-25 miles 25-50 miles 50-100 miles over 100 miles

THANK YOU

Sample Evaluation Form #2

WORKSHOP EVALUATION

A. Course Design (circle the number to indicate your level of agreement/disagreement with each of the aspects of course design)

	Strongly agree					Strongly disagree
1. The program content met my needs	1	2	3	4	5	
2. Length of the course was adequate	1	2	3	4	5	
3. What did you like about the course?						
4. What specific things did you like least about the course?						
5. If the course was repeated, what should be left out or changed?						

B. Course objectives (circle the number to indicate your level of agreement/disagreement with the degree to which course objectives were met)

	Strongly agree					Strongly disagree
1. Understanding of prevalence and diversity of mental health problems among the elderly	1	2	3	4	5	
2. Skills development in the area of and group therapy	1	2	3	4	5	
3. Increases knowledge in the area and of documentation	1	2	3	4	5	
4. Awareness of available psychological and assessment tools	1	2	3	4	5	
5. Information on expected standard and for clinical contributions	1	2	3	4	5	
6. Knowledgeable of responsibilities of and area and district managers	1	2	3	4	5	
7. Knowledge of credentialing and scoring	1	2	3	4	5	
8. Increases knowledge of policy issues	1	2	3	4	5	

C. Evaluation of each faculty member in stated area

	Strongly agree					Strongly disagree
1. Content was presented in an organized manner	1	2	3	4	5	
2. Content was presented clearly and effectively	1	2	3	4	5	
3. Was responsive to questions/comments	1	2	3	4	5	
4. Teaching aids/audiovisuals were used effectively	1	2	3	4	5	
5. Teaching style was effective	1	2	3	4	5	
6. Content met stated objectives	1	2	3	4	5	
7. Content presented was applicable to my practice	1	2	3	4	5	

D. As a result of attending this course, I see the value to me in the following ways (check all that apply):

- I gained one or more specific ideas that I can implement in my area of practice
- I learned a new approach to my practice
- It may help me do a better job

- I do not see the impact of this course on my job
- Other

E. By attending this course, I believe (check all that apply):

- I was able to update my skills
- I acquired new and/or advanced skills
- I have better knowledge upon which to base my decisions/actions in the practice setting
- I am reconsidering my views toward the topic(s) presented
- The topic presented was appropriate, but I am undecided as to my own views
- Other

F. Facilities/Arrangements (circle the appropriate number to indicate your level of satisfaction or circle NA if the item is not applicable to you)

	Unsatisfactory			Satisfactory		
1. Lodging	1	2	3	4	5	NA
2. Food services	1	2	3	4	5	NA
3. Meeting rooms and facilities	1	2	3	4	5	NA
4. Restrooms	1	2	3	4	5	NA
5. Day of week	1	2	3	4	5	NA
6. Time of day	1	2	3	4	5	NA
7. Location	1	2	3	4	5	NA

Comments:

Overall, I would rate this workshop as:

- Excellent
- Good
- Average
- Poor

Other learning needs (list any other topics you would be interested in for the future):

STANDARD F: STANDARDS FOR AWARDING CREDIT

PRINCIPLE

The awarding of CE credit is based on participation in learning activities offered in accordance with the Laws and Regulations outlined in 201 KAR 26:175 [Continuing Education] as well as these Standards described in this document.

CRITERIA

- Sponsors must award CE credit for credential holders on the basis of one credit per one hour of instructional time.
- Sponsors must provide documentation to each participant that includes the Kentucky Board of Examiners of Psychology approval statement, the name and date of the activity, the number of CE credits earned, and a signature or other verification from the sponsoring organization.
- Sponsors must be able to verify the awarding of CE credit to participants and provide this verification to individuals who request it for at least three years after completion of the activity.

1. For all activities offered in the past year, complete the following chart that lists the activity title, program length (in hours), the number of credits awarded, and the number of psychologist and non-psychologist attendees. If you have not offered any programs in the past year, provide this information for your most recent activities. If you are a new applicant and have not yet offered any programs, provide this information for programs you plan to offer in the future. **List only those programs that were offered to credential holders for credit.**

If you offer any multi-session programs (e.g., conventions, conferences) for which credit is earned on a session-by-session basis, you must list all the individual sessions that were available for credit. Do not list the overall conference.

SUMMARY DATA FOR ACTIVITIES OFFERED IN THE PAST YEAR

Title of Activity	Program Length	# of CE Credits	Number of Psychologists	
			Psychologists	Non-Psychologists

4. Affirm that you agree to keep records of credit awarded to participants for a three-year period by check below:

Yes, I agree to keep records of credit awarded to participants for a three-year period

QUESTIONS 5, 6, AND 7 ARE FOR HOME STUDY PROVIDERS ONLY

5. Describe in detail the process used to determine the number of credits awarded. If you have various program delivery methods (e.g., publication and on-line), you must describe the process used for each delivery method.

6. What are the criteria that participants must meet in order to receive credit?

6a. For programs that use more subjective assessment measures to determine passing (e.g., essays, posts to an electronic bulletin board, journaling), describe your procedures for grading this type of material.

7. Describe your method for verifying that the person being awarded the credit is the individual who completed the program.

REQUIRED ATTACHMENTS FOR SECTION F:

List of activities offered in the past year, program length, and credits.

Documentation of attendance

Sample Documentation of Attendance

Date

To whom it may concern:

This is to certify that (participant's name} has attended, in its entirety, the following continuing education activity I sponsored by (the Kentucky Board of Examiners of Psychology-approved provider's name):

Title/Date of Activity

CE Hours/Credits

Sincerely,

Name of Presenter/Sponsoring Organization

(Name of organization) is approved by the Kentucky Psychological Association and/or Kentucky Board of Examiners of Psychology to offer continuing education for psychologists. (Name of organization) maintains responsibility for this program and its content.

STANDARD G: PROMOTION AND ADVERTISING OF PROGRAMS

PRINCIPLE

CE promotional materials must contain accurate and complete information for potential program participants.

CRITERIA

- Sponsors must clearly indicate how potential participants may obtain the following information prior to enrolling in a CE program:
 - a. Educational objectives;
 - b. A description of the target audience and the instructional level of the activity (introductory, intermediate, or advanced);
 - c. Schedule;
 - d. Cost, including all fees and the refund/cancellation policy;
 - e. Instructor credentials, including relevant professional degree and discipline, current professional position, and expertise in program content;
 - f. The number of CE credits offered for each activity;
 - g. A clear indication of any activities within a program that are not offered for CE credit.
- Sponsors must make clearly evident to all potential participants, prior to registration, any known commercial support for CE programs or instructors. Any other relationships that could be reasonably construed as a conflict of interest also must be disclosed.
- Sponsors must assure that when referring to Kentucky Board of Examiners of Psychology [KBEP] approval, the correct statement is used in all promotional materials such as ads, brochures, and announcements. When referring to KBEP approval, the following statement must be used:

"(Organization name) is approved by the KBEP to sponsor continuing education for credential holders. (Organization name) maintains responsibility for this program and its content."

1. Provide the promotional material/announcement for each CE activity offered in the past year. If you have not offered any programs in the past year, provide brochures from your most recent activity. If you are a new applicant and have not yet offered any CE programs, attach sample promotional materials for programs you intend to offer in the future.

2. If you receive commercial support for your programs, describe how you make this known to potential participants.

REQUIRED ATTACHMENTS FOR SECTION G:

Promotional materials/announcements for all programs offered in the past year. If new applicant, provide sample promotional materials for future programs.

AGREEMENT

I understand that information in this application will be kept confidential. I also certify that the information provided herein is accurate, and if approved, agree to abide by the criteria and procedures set forth in the Kentucky Revised Statutes and Administrative Regulations related to Psychology.

Signature: _____
CE Program Director

Date: _____

Thank you for completing this application. Please send the application to:

Kentucky Board of Examiners of Psychology
P.O. Box 1360
Frankfort, KY 40602

THIS APPLICATION WILL NOT BE REVIEWED UNLESS ACCOMPANIED BY THE APPROPRIATE FEE.