



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
 500 Mero St., 2 SC 32[911 Leewood Drive], Frankfort, KY 40601 (Courier/Special Delivery)
 Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ <http://psy.ky.gov>

CONTINUING EDUCATION PROGRAM APPLICATION

The Board of Examiners of Psychology and its Continuing Education Committee will use the following criteria in approving any program for continuing education credit. Please be sure that all of these criteria are addressed in your application form or its attachments. **Applications MUST be submitted 30 days prior to date of program.**

1. The program has a clearly stated purpose and defined content area consistent with the overall goals of continuing education, namely, improvement of professional competency, acquisition of new skills and knowledge, and strengthening habits of critical inquiry and balanced judgment.
2. The presenters must be professionals qualified in the defined content area as evidenced on their curriculum vita or resume.
3. The program's time must be clearly stated in number of hours of attendance.
4. The number of hours requested for approval must be indicated on the form.
5. Attendance must be recorded by the program sponsor and explained in the application.
6. Documentation of completion must be provided to each[the] participant.
7. Participants must be required to complete an evaluation of the program.
8. The program sponsor should send a program syllabus, sample evaluation form, program outline, complete vitae of Presenters (not short bio), sample attendance record, and a copy of the certificate for participants with the application form. **Certificate cannot be distributed until approval is granted.**
9. Send this application with a **fee of \$50.00** made payable to the Kentucky State Treasurer to:

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

Sponsor Name		Contact Name <u>and Email Address</u>		
Mailing Address: Street	City	State	Zip Code	
Title of Program				
Instructor(s)				
Location of Program Offering				
Date	Time	Number of Hours Requested for Approval		

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Educational Objectives: Briefly describe ways that your program would contribute to one or more of the following definitions of “continuing education”:

- a. improvement of the license or certificate holder’s professional knowledge;
- b. acquisition of new skills and knowledge that would help maintain competence; or
- c. strengthening of the habits of critical inquiry and balanced judgment.

What are the specific educational objectives of your program?

Content, Activities, and Materials

Evaluation Procedures: Attach copy of evaluation form to be used

Intended Audience

Intended Number of Participants

How Will Attendance Be Record

Signature:
