

**CONTINUING EDUCATION TASK FORCE**

**FIVE STEPS TRAINERS MUST COMPLETE TO BE ABLE TO OFFER**

**CONTINUING EDUCATION CREDITS FOR FACE-TO-FACE TRAINING EVENTS**

**Step 1 – Complete the PCIT International Continuing Education Application Packet, which includes:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

This packet also contains handouts on our Program Grievance Procedures and Writing Behavioral Learning Objectives, which we hope will be helpful.

**Step 2 – The Application will be reviewed by the Continuing Education Committee.**

Please submit a completed application at least two months prior to a training event so that reviewers have enough time to review the application and you have enough time to respond to the reviewers before the application (hopefully) receives final approval.

**Step 3 – Once the Application receives final approval, specific forms must be completed at the Face-to-Face training activity, which include:**

|  |
| --- |
|  |
|  |
| * Payment ($35 per participant for PCIT CEs, $45 per participant for APA and PCIT CEs) |

**Step 4 – Once the Face-to-Face training activity is completed, please scan and email all the completed forms in Step 3 to** [**pcit.ce@gmail.com**](mailto:pcit.ce@gmail.com) **and mail all checks from participants to:**

PCIT CE c/o Melanie Nelson, Ph.D

PCIT International Treasurer

22713 NW 191st Lane

High Springs, FL 32643

**Step 5 – Certificates of completion of a PCIT International Continuing Education Activity as well as a certificate of completion of an APA or {social work} Continuing Education Activity, if applicable, will be emailed to individual participants documenting the specific number of hours of CE they completed. Copies of certificates will also be emailed to the Primary Instructor who submitted the Application Packet (Step 1).**

****

Instructor Application for Continuing Education Activities

**Thank you for submitting your application to offer PCIT International CEs and APA or (SW) CEs for the participants in your Continuing Education Activity. Your detailed responses to the following prompts and questions are important for PCIT International, Inc., to continue sponsoring CE from other professional organizations as well as our own.**

**\*\*Please note that only Level 1, Level 2, and Master Trainers certified by PCIT International are eligible to submit this application.\*\***

**Information about the Primary Instructor (and person completing this form)**

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

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_

Highest Degree Obtained: \_\_\_\_\_\_\_\_\_\_\_\_ Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  |

Are you licensed?

If yes, what type of license? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is your license number? \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |

Please indicate your predominate professional activity:

|  |
| --- |
|  |

(If other, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

How many years you have been practicing in your profession?

|  |  |
| --- | --- |
|  |  |

Are you a PCIT International certified Tier 2 or Master Trainer?

**Information about Your Proposed Continuing Education Activities**

What is the title of your program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the dates and times that you are planning to conduct these activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What location are you planning to use for these activities?

|  |  |
| --- | --- |
|  |  |

Is this location a facility that is accessible to individuals with disabilities?

Will you include additional instructor(s)?

|  |  |
| --- | --- |
|  |  |

If yes, please provide information about each instructor on page 7.

How many participation hours does your CE program/activity include? \_\_\_\_\_\_\_

How many Continuing Education Credits are you offering for your program/activity? \_\_\_\_\_\_\_

**Determinants for Level of Material:**

|  |  |
| --- | --- |
| **Beginner**  **level**: | 1) *Knowledge*- remembering of previously learned material (memorization) |
| 2) *Comprehension*- grasping the meaning of the knowledge being learned |
|  |  |
| **Intermediate level**: | 3) *Application*- using learned materials in new/concrete situations |
| 4) *Analysis*- breaking down material into its elements; understanding its underlying structure |
|  |  |
| **Advanced**  **level**: | 5) *Synthesis*- putting parts together to form a new whole; creating new patterns or structures |

**Proposed Level of Training (Beg., Inter., Adv.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide a program description with this application:**

Who is your intended audience?:

How will you ensure that reasonable accommodations are made for individuals with disabilities? (Please note that APA and ASWB CE programs are required to be accessible to individuals with disabilities, according to the requirements of the Americans with Disabilities Act. Facilities used by a sponsor must be in compliance with the ADA.):

APA- and SW- sponsored programs require that information relevant to the ethical, legal, statutory or regulatory policies, guidelines, and standards that apply to your topic be incorporated into your CE activity.

How will you incorporate this information into your CE activity?

APA- and SW- sponsored programs require that information relevant to cultural competency that applies to your topic be incorporated into your CE activity.

How will you incorporate this information into your CE activity?

Please list your educational objectives. At the conclusion of training, participants should be able to:

1.

2.

3.

Please describe how will you assure the accuracy and usefulness of the material you present (i.e., what are the sources of the material you will present?)

What are the limitations of the content you will teach (i.e., what are the most severe and common risks?)

**Please provide references for training content.**

|  |  |
| --- | --- |
|  |  |

**Do you plan to use advertising/promotional materials to gain participants for your**

**proposed CE activity?**

**\*\*Please note that all trainings must include some form of promotional materials. These materials may be emails, list-serv communications or website postings**

**Specific APA & ASWB Advertising Requirements:**

**Adequate and accurate advance information must be provided to prospective participants. There are a number of required topics that must be addressed in promotional materials in order to meet APA and ASWB standards, these include:**

**1. Specific learning outcomes for the course:**

**• Must be measurable and/or observable**

**• Illustrate what participant will be able to demonstrate after attending the course**

**• Course target audience**

**2. Targeted social work practice and/or content levels:**

**• Beginning level**

**• Intermediate level**

**• Advanced level**

**3. Instructors and their qualifications**

**4. Course fees, including what is covered and deadlines for cancellations and refunds**

**5. Course syllabus, outline or agenda**

**6. Continuing education hours offered**

**7. Course delivery format (distance learning interactivity must be clearly indicated and described)**

**8. IF APPLICABLE- Clear information about jurisdictional approvals and specific CE requirements**

**9. Instructions for requesting accommodations for disability (ADA in US)**

**10. IF APPLICABLE- A clear indication of any activities within a program that are not offered for CE credit**

**11. Course completion requirements, e.g. completing the course evaluation, participating in all sessions, etc.**

**12. Statement of when and how certificate will be awarded**

**13. Where both educational and non-educational sessions are offered, the courses for credit must be clearly identified.**

**14. Instructions for addressing grievances, CE provider contact information**

**15. When referring to APA approval, the correct statement must be used in ALL promotional materials such as ads, brochures, and announcements. When referring to APA approval, the following statement must be used:**

***“PCIT International, Inc. is approved by the American Psychological Association to sponsor continuing education for psychologists. PCIT International, Inc. maintains responsibility for this program and its content.”***

Approved providers must conspicuously place the above statement on all publications and materials associated with APA & social work continuing education courses.

The number of credits offered need to match the number of participation hours (e.g., 13 continuing education credits can only be offered for 13 hours of participation in the CE event).

Do you agree to the advertising limitations as stated above regarding the language of APA and ASWB endorsement as well as the requirement that the numbers of participation hours match the number of continuing education credits?

|  |  |
| --- | --- |
|  |  |

If you choose not to comply, your application will be denied. (Promotional materials associated with your proposed CE Activity must be included with this application.)

(PLEASE NOTE- The below requirements will be put in place following PCIT Intl.’s approval as a ASWB CE Sponsor- NOT REQUIRED AT THIS TIME):

10. ACE provider number, approval statement and expiration date, and/or other approver information

Approved providers must conspicuously place the following statement on all publications and materials associated with social work continuing education courses:

*“This organization (Provider Name and ACE Approval Number) is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB) www.aswb.org through the Approved Continuing Education (ACE) Program. The (Provider Name) maintains responsibility for the program. ASWB Approval Period: (Insert Dates). Social workers should contact their regulatory board to determine course approval for continuing education credits.*

*Social workers participating in this course will receive (Insert Number) (Indicate Clinical or Social Work Ethics) continuing education clock hours.”*

**Independent Contractors**: (Applicants acting as independent contractors and who present courses through other organizations).

The following information must be included in promotional materials:

• Contact information for independent contractor/instructor

• Contact information for agency offering the course

• Provide a statement informing participants who to contact for assistance for specific issues. (Example: “If you have questions or concerns about the course content, references or content evaluation, contact (your email address) instructorname@info.net. If you have questions or concerns about registration, facilities or course administration, contact (the contracting agency) [independentmgtcorp@info.net](mailto:independentmgtcorp@info.net)).

**You may use this sheet to provide information for additional instructors, if any.**

**Please complete the following section if there is more than one instructor.**

**Information about the Second Instructor**

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

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_

Highest Degree Obtained: \_\_\_\_\_\_\_\_\_\_\_\_ Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  |

Are you licensed?

If yes, what type of license? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is your license number? \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |

Please indicate your predominate professional activity:

|  |
| --- |
|  |

(If other, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

How many years you have been practicing in your profession?

|  |  |
| --- | --- |
|  |  |

Are you a PCIT International certified Level 1,

Level 2 or Master Trainer?

**Information about the Third Instructor**

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

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_

Highest Degree Obtained: \_\_\_\_\_\_\_\_\_\_\_\_ Field of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  |

Are you licensed?

If yes, what type of license? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is your license number? \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |

Please indicate your predominate professional activity:

|  |
| --- |
|  |

(If other, please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

How many years you have been practicing in your profession?

|  |  |
| --- | --- |
|  |  |

Are you a PCIT International certified Level 1,

Level 2 or Master Trainer?



TO: Continuing Education Organizers and Presenters

FROM: PCIT International Continuing Education Task Force

Thank you for agreeing to assist with planning or presentation of a PCIT International Continuing Education activity.

PCIT International is approved by the American Psychological Association to sponsor continuing education programs for psychologists. PCIT International maintains responsibility for this program and its content. As an approved provider, PCIT International requires that all of its CE activities uphold commercial support, independence and content validation requirements. Specifically, all the recommendations involving clinical procedures in a CE activity must be based on evidence that is accepted within the profession of psychology as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CE in support or justification of a clinical recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Please contact the CME office if you do not feel your presentation can meet these standards.

Please complete the enclosed disclosure statement and return it upon receipt of this letter. All presenters, panelists, abstract presenters, planning committee members, course directors and course contacts **(*CE organizers/presenters)*** are required to disclose. Presenters are encouraged to add disclosure information to their presentations. This information is necessary in order for us to be able to move to the next steps in planning this CE activity. If a ***CE organizer/presenter*** refuses to disclose relevant financial relationships, they will be disqualified from being a part of the planning and implementation of any CE activity.

PCIT International will be seeking feedback from the learners on the effectiveness of this CE activity through session evaluations. Evaluations will include questions about undue commercial bias and the quality of the evidence cited. Educational materials that are a part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

Again, thank you for agreeing to work with us in this CE activity. We look forward to this activity making an important contribution to the continuing professional development of our learners and to your professional practice.

**Glossary of Terms**

**Commercial Interest:** any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations, for-profit hospitals, multispecialty clinics and health insurers) and non-health care related companies.

**Financial relationships:** relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. .

**Relevant financial relationships:** financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

**Conflict of Interes**t**:** Circumstances create a conflict of interest when an individual has an opportunity to affect CE speaker selection or content about products or services of a commercial interest with which he/she has a financial relationship.

**PCIT International**

**Speaker and Planner Disclosure Form (SDF)**

|  |  |
| --- | --- |
| Title of CE Activity: | |
| Activity Date: | Location of Activity: |
| Presenter’s Name:  Learning Objectives:  1.  2.  3.  4.  5. | |

**(See glossary of terms for guidance)**

**Presenters:** By signing this document, I agree to the following elements as expected of individuals

Questions 3-5 involved in the planning and implementation of educational activities offered by PCIT International, Inc. for the purposes of continuing education.

**1. All CE speakers must read, agree, and check all the following statements. I will:**

**🞏** Teach to the competencies identified by objectives

**🞏**  Deliver balanced and objective evidence-based content and respect issues of diversity

**🞏**  Present the source and type or level of evidence *(e.g. common practice, expert opinion, case series, case- control study, clinical guidelines, randomized controlled trial, systematic review, meta-analysis, etc.)*

**🞏** Disclose all related financial relationships

**🞏** Notify participants of any investigational treatments discussed within my presentation or during the

question and answer period

**2.** **A**. **I or my spouse/partner presently** (*within the past 12 months*) **has relevant financial relationships with a commercial interest(s) as identified below:**

[Please indicate the full name of the commercial interest(s)/organization(s) next to the best description of the relationship(s).]

**🞏** Grants/research support:

**🞏**  Consultant:

**🞏** Stock shareholder (directly purchased):

**🞏** Honorarium:

**🞏** Other financial or material support:

**🞏** Employee of a commercial interest organization (as described on page 1):

**🞏** NONE (*If none, skip to question 5.*)

**B.** **Will your presentation(s) include discussion of any products or services from the above listed**

**commercial interest(s)?** 🞏 Yes, it will 🞏 No, it will not

**3.**  **I will make clinical recommendations in this/these presentation(s).** 🞏 Yes, I will 🞏 No, I will not

**Signature of CE presenter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you have questions regarding your presentation or the Speaker/Planner Disclosure Form (SDF), please contact us at [pcit.ce@gmail.com](mailto:pcit.ce@gmail.com).

**Please sign and return this disclosure form by email (**[**pcit.ce@gmail.com**](mailto:pcit.ce@gmail.com)**)**



CONTINUING EDUCATION

Registration Form

(THIS SECTION TO BE COMPLETED IN ADVANCE BY PRESENTER OR CE STAFF)

Program Title:

Program Dates:

Program Time:

Location:

Presenter:

(THIS SECTION TO BE COMPLETED BY PARTICIPANT)

Name

Degree

Title

Institutional Affiliation (if applicable)

Address

City

State Zip Code

County

Day Telephone ( )

E-Mail Address

For Continuing Education Purposes, please check if you are:

NBCC Counselor \_\_\_\_\_ NBCC Number \_\_\_\_\_\_ Licensed Professional Counselor \_\_\_\_\_\_

Social Worker \_\_\_\_\_\_ Psychologist \_\_\_\_\_

In which state are you licensed to practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your license number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



SAMPLE REGISTRATION FORM

**PROGRAM:** Parent-Child Interaction Therapy: A 2-Day Advanced Training

**PROGRAM DATES:**

Thursday, April 14th and Friday, April 15th

**(Must attend each training day to obtain CE credit.)**

**TIME:** 9:00am – 5:00pm

Lunch will be taken from noon until 1:00pm.

A morning breaks will be offered from approximately 10:15 am – 10:30 am as well as an afternoon break from approximately 2:30 pm – 2:45 pm.

**LOCATION: Family Pathways (Butler, PA)**

**PRESENTER:**

Amy D. Herschell, Ph.D.

Assistant Professor of Psychiatry & Psychology

University of Pittsburgh School of Medicine

Western Psychiatric Institute and Clinic

Dr. Herschell's clinical work focuses on families with young children experiencing behavior problems, with a specialization in Parent-Child Interaction Therapy and Cognitive Behavioral Therapies. Her research interests focus on studying the implementation of evidence-based treatments in community settings. She has conducted multiple, federally-funded studies and has published extensively on topics related to the implementation of evidence-based treatments.  Dr. Herschell has served in leadership roles on state and national committees related to Parent-Child Interaction Therapy (Chair of Continuing Education Task Force for PCIT International), psychology (Treasurer for American Psychological Association’s Section on Child Maltreatment) and implementation (Leader of the Dissemination and Implementation Science Special Interest Group, Association for Behavioral and Cognitive Therapies).

**PROGRAM DESCRIPTION:**

Training will focus on development of skills to implement Parent-Child Interaction Therapy (PCIT) in community settings. PCIT is a nationally-recognized, evidence-based parent management program for families who have children with externalizing behavior problems. The program is unique in comparison to other parent management programs in that it involves coaching parents as they interact with their young child (ages 2 to 7 years). There are two phases to PCIT: Child-Directed Interaction (CDI) and Parent-Directed Interaction (PDI). For each phase, parents attend one didactic session without their child present during which the PCIT therapist reviews with the parent specific skills that will be ‘coached’ in subsequent sessions. This didactic session is used to build rapport as well as to provide detailed descriptions and rationales for each skill. Each skill is modeled for and role-played with parents to facilitate their learning. Following the initial didactic session, parents and children attend weekly sessions, in which the parents are coached in how to apply in real time the skills that they were taught.

This training will focus on the second part of PCIT, Parent-Directed Interaction. Topics will include how therapists can facilitate parents learning to: 1) give effective commands, 2) teach their child how to sit on a time-out chair, 3) manage child behavior in situations that mirror home discipline situations (e.g., having to clean up toys, working on academic tasks, walking through the building at the parent’s side, interacting with siblings).  Emphasis will be placed on therapists acquiring advanced skills in coding parent-child interactions using the Dyadic Parent-Child Interaction Coding System –Third Edition (DPICS-III) as well as in coaching parents in the discipline techniques. Specific clinical activities and recommendations will be provided to enhance the use of office- and community-based intervention strategies. Training will be active, participant-focused, and clinically-relevant with opportunities for participants to learn from each other through discussions, activities, and review of cases.

**TARGET AUDIENCE:** Masters- or doctoral-level, community-based mental health practitioners who have treat families with young children experiencing disruptive behavior.

**EDUCATIONAL OBJECTIVES:**

At the conclusion of training, participants should be able to:

1. Achieve 80% reliability with the trainer during 5-minute live coding of DPICS-III.
2. Provide the introduction to the Parent Directed Interaction (PDI) session, including (a) the importance of consistency, predictability and follow through, (b) the rationale for compliance exercises with play commands, and (c) the rationale for using time-out in a chair.
3. Explain the eight rules for effective commands.
4. Review the PDI sequence including all items on the Eyberg treatment integrity checklists.

**THIS PROGRAM IS FREE OF CHARGE and only offered for participants who are part of a year-long training initiate to implement PCIT in Pennsylvania communities.**

Continuing Education Credit

**PSYCHOLOGISTS**

PCIT International, Inc is approved by the American Psychological Association to offer continuing education for psychologists. PCIT International, Inc maintains responsibility or this program and its content. This program is being offered for 13 continuing education credits.



Parent-Child Interaction Therapy: A 2-Day Advanced Training

April 14th & 15th, 2014

Sample Registration Form

Name

Degree

Title

Institutional Affiliation

Address

City

State Zip Code

County

Day Telephone ( )

e-Mail Address

For Continuing Education Purposes, please check if you are:

NBCC Counselor \_\_\_\_\_ NBCC Number \_\_\_\_\_\_ Licensed Professional Counselor \_\_\_\_\_\_

Social Worker \_\_\_\_\_\_ Psychologist \_\_\_\_\_

In which state are you licensed to practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your license number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need accommodations for a disability? \_\_\_\_\_\_\_

If yes, please describe what accommodations are needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Additionally, feel free to contact the primary instructor of any accommodations needed for disability.



**CONTINUING EDUCATION PROGRAM GRIEVANCE PROCEDURE**

PCIT International, Inc. is fully committed to conducting all activities in strict compliance with the ethical and regulatory guidelines associated with the American Psychological Association and the Association of Social Work Boards. PCIT International 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 Task Force Chair in consultation with the members of the Continuing Education Task Force and the PCIT International Board of Directors.

While PCIT International 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 continuing education task force which require intervention and/or action on the part of the continuing education task force or an officer of PCIT International. 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 Continuing Education Task Force 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, its content, level of presentation, or the setting in which the workshop was offered, the Continuing Education Task Force 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.

3. If the grievance concerns the PCIT International Continuing Education Task Force program, in a specific regard, the PCIT International President or Advisory Board Chair will attempt to arbitrate.

Please contact via e-mail at pcit.ce@gmail.com or mailing address: PCIT CE, 22713 NW 191st Lane,

High Springs, FL 32643 to submit a complaint or if you have additional questions.

**Writing Behavioral Learning Objectives and Assessments**

Recommendations from the American Psychological Association’s Office of CE Sponsor Approval

* Learning objectives, or learning outcomes, are statements that clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity.
* Learning objectives must be ***observable and measurable.***
* Learning objectives should (1) focus on the learner, and (2) contain action verbs that describe measurable behaviors
* Verbs to consider when writing learning objectives:
* list, describe, recite, write
* compute, discuss, explain, predict
* apply, demonstrate, prepare, use
* analyze, design, select, utilize
* compile, create, plan, revise
* assess, compare, rate, critique
* Verbs to avoid when writing learning objectives
* know, understand
* learn, appreciate
* become aware of, become familiar with
* Example of well-written learning objectives:

**This workshop is designed to help you:**

1. Summarize basic hypnosis theory and technique;

2. Observe demonstrations of hypnotic technique and phenomena;

3. Recognize differences between acute and chronic pain;

4. Utilize hypnosis in controlling acute pain;

5. Apply post-hypnotic suggestions to chronic pain; and

6. Practice hypnotic technique in dyads.

* Objective learning assessments should be written in a manner that determines whether participants learned what you planned to teach them. The evaluation (or learning assessment) should be based on the stated learning objectives of the program.
* Example of well-written learning assessment:

**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**

1. Demonstrate a technique for applying hypnosis to acute pain; **5 4 3 2 1**
2. Provide a post-hypnotic suggestion for controlling

chronic pain; and **5 4 3 2 1**

1. State that I had the opportunity to practice the technique

during the workshop. **5 4 3 2 1**

****

**Evaluation Form TEMPLATE**

**\*\*Please use this evaluation form and change only the learning objectives and instructor names**

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

CE Credits Awarded: \_\_\_\_\_\_\_

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

**Strongly**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instruction** | **Not Applicable** | | **Strongly Disagree** | | **Disagree** | | **Neither Agree nor Disagree** | | **Agree** | **Strongly Agree** |
| 1. Individual Learning Objectives were met: |  | |  | |  | |  | |  |  |
| A. Individual Learning Objective 1 (will be listed here) | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| B. Individual Learning Objective 2 (will be listed here) | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| C. Individual Learning Objective 3 (will be listed here) | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| D. Individual Learning Objective 4 (will be listed here) | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| E. Individual Learning Objective 5 (will be listed here) | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 2. Accuracy and utility of content were discussed | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 3. Content was appropriate for post-graduate level training | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 4. Instruction was at a level appropriate to post-graduate level training | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 5. Teaching methods were effective | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 6. Visual aids, handouts, and oral presentations clarified content | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 1. **How much did you learn as a result of this**   **CE program?**     1. **How useful was the content of this CE program for your practice or other professional development?** | | | 1  Very little  1  Not Useful | | 2  2 | | 3  3 | | 4  4 | 5  A great deal  5  Extremely useful |
| **Instructor 1: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Not Applicable** | | **Strongly Disagree** | | **Disagree** | | **Neither Agree nor Disagree** | | **Agree** | **Strongly Agree** |
| 9. Knew the subject matter | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 10. Taught the subject competently | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 11. Elaborated upon the stated objectives | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 12. Presented content in an organized manner | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 13. Maintained my interest | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 14. Answered questions effectively | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 15. Was responsive to questions, comments, and opinions | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| **Instructor 2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Not Applicable** | | **Strongly Disagree** | | **Disagree** | | **Neither Agree nor Disagree** | | **Agree** | **Strongly Agree** |
| 9. Knew the subject matter | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 10. Taught the subject competently | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 11. Elaborated upon the stated objectives | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 12. Presented content in an organized manner | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 13. Maintained my interest | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 14. Answered questions effectively | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 15. Was responsive to questions, comments, and opinions | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| **Professional and Ethical Issues** | | | | | | | **Not Applicable** | | **No** | **Yes** |
| 16. Presenter (or program chair) made clearly evident, prior to registration, the following: | | | | | | | 0 | | 1 | 2 |
| a. Requirements for successful completion of activity. | | | | | | | 0 | | 1 | 2 |
| b. Commercial support for CE program, sponsor, or instructor (or any other relationship that could reasonably be construed as a conflict of interest). | | | | | | | 0 | | 1 | 2 |
| c. Commercial support for content of instruction (e.g., research grants funding research findings etc.) that could be construed as a conflict of interest. | | | | | | | 0 | | 1 | 2 |
| d. Commercial support or benefit for endorsement of products (e.g., books, training, drugs, etc.). | | | | | | | 0 | | 1 | 2 |
| e. Accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught and the severe and most common risks? | | | | | | | 0 | | 1 | 2 |
| **Venue, Setting, etc.** | **Not Applicable** | | **Strongly Disagree** | | **Disagree** | | **Neither Agree nor Disagree** | | **Agree** | **Strongly Agree** |
| 17. Facility was adequate for my needs. | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 18. Special needs were met. | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 19. Facility was comfortable and accessible. | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 20. Food and beverage were adequate. | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 21. Web-based program was easy to access and provided a user-friendly interface. | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| **Learning** | **Not Applicable** | | **Strongly Disagree** | | **Disagree** | | **Neither Agree nor Disagree** | | **Agree** | **Strongly Agree** |
| 22. Information could be applied to my practice. | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 23. Information could contribute to achieving personal or professional goals. | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 24. Cultural, racial, ethnic, socioeconomic, and gender differences were considered. | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 25. Did this program enhance your professional expertise? | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| 26. Would you recommend this program to others? | 0 | | 1 | | 2 | | 3 | | 4 | 5 |
| **Participant Information** | | | | | | | | | | |
| 27. Please note your profession and status. | | □ Psychologist □ Medical Professional □ Masters Level  Licensed Therapist  □ Social Worker □ Student □ Administrator □ University  Faculty  □ Other (list profession) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 28. Please note years in your profession. | | □ Student | | □ 1-5 | | □ 6-10 | | □ 11-20 | | □ 20+ |

29. What was your overall impression of the activity? What went well? What could have been improved?

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

30. What did you learn that was new or different? How and/or will this information change how you practice?

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

31. What topics or presenters would you like to see at future CE presentations?

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

32. Other comments? Please use another sheet of paper if you wish to expand on your observations.

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

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

**Agree**

If you have any complaints regarding this or any CE activity or additional questions, please e-mail us at [pcit.ce@gmail.com](mailto:pcit.ce@gmail.com)