

Request for Approval of Continuing Education Credit

1. Name of the Training:
2. Learning objectives:
3. Name and credentials of presenter(s):
4. Sponsor(s)**:
5. Date(s) of Training:
6. Number of contact hours*:
7. Is this a distance learning program? Yes No
8. Please include a brochure or other documentation which includes:
 - a. Dates of training
 - b. Time schedule for each day, including agenda and subtopics
 - c. Brief biography for each presenter
 - d. Location of presentation
 - e. Sponsor's contact information

I am requesting approval for a conference or program that I have attended or am considering attending. (No Fee)

Name:

Address:

Phone:

Email:

* This excludes time devoted to registration, introductions, breaks, meals without a speaker, and wrap-up/evaluation.

** This form is not needed for CE programs sponsored or approved by the American Psychological Association, the Canadian Psychological Association, the North Dakota Psychological Association, or other state or provincial psychological associations. These programs are pre-approved for the same number of hours granted by the Association.



Return this form and materials requested under Item #8 to:

ND State Board of Psychologist Examiners
PO Box 1338 • Bismarck, ND 58502-1338
Ph: 701-214-5580 • Fax: 701.224.9824
Email: BoardOffice@ndsbpe.org • Website: www.ndsbpe.org