CE COURSE PROPOSAL REVIEW

*INSTRUCTIONS: Reviewer must notify Office Manager of acceptance within 24 hour and return the CE Course Proposal Review Form to Office Manager within two weeks.*

---------------------------------------------------------------------------------------------------

DATE RECEIVED BY OFFICE MANAGER: \_\_\_\_\_\_\_\_\_\_\_

PRESENTER(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CE CREDITS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF PRESENTATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED

NOT APPROVED

APPROVED WITH CONDITIONS

Comments to send back to presenter:

1. **CURRICULUM CONTENT**
2. **Which of the following categories does this application fall into (choose only one category)?**

Content focuses on psychological assessment and/or intervention methods that are supported by contemporary scholarship grounded in established research procedures (D1.1).

Content focuses on ethical, legal, statutory or regulatory policies, guidelines, standards that impact psychological practice, education, or research (D1.2).

Content focuses on topics related to psychological practice, education, or research other than psychological assessment and/or intervention methods that are supported by contemporary scholarship grounded in established research procedures (D1.3).

*Comments:*

1. **Does the course description include statements that describe the accuracy and utility of the material presented, the empirical basis of such statements, the limitations of the content being taught, and risks if applicable?**

Yes  
 No

Not Sure or only partially (comment below)

*Comments:*

1. **Does the course content build upon the foundation of a completed doctoral program in psychology?**

Yes  
 No

Not Sure (comment below)

*Comments:*

1. **Does the presenter demonstrate expertise in course content and competency to teach this content at a level that builds upon a completed doctoral program in psychology?** *(Expertise may be demonstrated by evidence of doctoral degree in psychology or other appropriate field, teaching experience, clinical practice, research publications, and/or references.)*

Yes  
 No

Not Sure (comment below)

*Comments:*

1. **Does the course description include at least three evidence-based references supporting the content?** *For D1.1 activities, at least three of the references must be current (within the last 10 years) from peer reviewed journals rather than articles solely promoting the topic or approach. Note: The more distant a topic appears from core disciplinary knowledge, the greater the responsibility to demonstrate the connection to improvement of services to the public and contributions to the profession.*

At least three current peer reviewed journal articles (for APA D1.1 curriculum content)

Other (older peer-reviewed, unpublished, research, book chapters, books)

Not Sure or other (comment below)

Comments:

1. **Does the proposal include a description of the target audience?** *(e.g. Licensed Psychologists, Graduate Psychology Students, Allied Mental Health Professionals)*

Yes  
 No

Not Sure (comment below)

*Comments:*

1. **Does the proposal include a detailed content outline/timeline and does it indicate parts of the presentation that are not for credit?**

Yes  
 No

Not Sure (comment below)

*Comments:*

1. **Conflicts of Interest – Does the presenter report potential conflicts of interest that describe commercial support for the CE program, presentation, or instructor or other relationships that could be reasonably construed as a conflict of interest?**

Yes  
 No

Not Sure (comment below)

*Comments:*

1. **Attending to Issues of Diversity – Does the proposal describe sufficiently issues of diversity in the presentation with respect to the areas of: ethnicity, gender, national origin, disabilities, language, socioeconomic status, sexual orientation, age, and religion?**

Yes  
 No

Not Sure (comment below)

*Comments:*

1. **LEARNING OBJECTIVES AND INSTRUCTIONAL METHODS**

***Learning Objectives –*** *should clearly define what the participant will know or be able to do as a result of having attended the program, and these objectives must be stated in measurable terms.*

1. **Are learning objectives specific to course content and relate back to course description?**

Yes  
 No

Not Sure (comment below)

*Comments:*

1. **Applicant provides learning objectives that clearly describe:**

**a) what participants are expected to learn; and**

**b) how participants can apply this knowledge in practice or other professional contexts.**

Yes  
 No

Not Sure or partially (comment below)

*Comments:*

1. **Does the Presenter list 2-3 learning objectives for a course 1-3 hours in length, 3-4 learning objectives for a course 4-6 hours in length and 5-6 learning objectives for a course 7-8 hours in length?**

Yes  
 No

Not Sure (comment below)

*Comments:*

**Instructional Methods**

1. **Does the presenter describe instructional methods that actively engage the learner to enhance acquisition of knowledge and facilitate translation into practice?**

Yes  
 No

Not Sure (comment below)

*Comments:*

1. **Indicate whether the instructional method will be** (check all that apply):

Didactic/Lecture

Discussion

Q&A

PowerPoint

Video

Role-playing

Demonstration

Experiential (e.g., yoga, meditation, group breakouts, group activities). If checked, is this described clearly?

Yes  
 No

Not Sure (comment below)

*Comments:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

REVIEWER NAME (PRINT LEGIBLY)

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_*

REVIEWER SIGNATURE DATE