

DC Board of Psychology  
899 North Capitol Street NE 2<sup>nd</sup> Floor  
Washington, DC 20002

### **Application for Approval of Continuing Education**

An application for approval of a continuing education activity must be submitted to the Psychology Licensing Board **at least sixty (60) days prior to the activity.**

Groups approved to provide continuing education must have procedures for issuing a certificate of completion to each participant who successfully complete the activity and pay the required fees. The certificate must contain: the title of the activity; number of continuing education credits; participant's name; and the name of the group providing the continuing education.

You may hand deliver your application to the 2<sup>nd</sup> Floor, Monday through Friday, between the hours of 8:30 a.m. and 4:30 p.m. When mailing your application, send all material to the address listed above.

Sponsoring Organization \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Seminar/Workshop/Course Title \_\_\_\_\_

Date(s) \_\_\_\_\_

Location(s) \_\_\_\_\_

**INSTRUCTORS**  
(Please attach a resume for each instructor)

Name \_\_\_\_\_ Degree \_\_\_\_\_

Name \_\_\_\_\_ Degree \_\_\_\_\_

Name \_\_\_\_\_ Degree \_\_\_\_\_

Continuing Education Program Objectives (Include relevance to psychology)

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Continuing Education Clock Hours Requested (Excluding coffee breaks, meals and registration time) \_\_\_\_\_

Teaching Methods (Approximate time percentages): Lecture \_\_\_\_\_ Audiovisual \_\_\_\_\_

Live Interview \_\_\_\_\_ Panel/Group Discussion \_\_\_\_\_ Question & Answer \_\_\_\_\_

Name of Co-Sponsor(s) If Applicable \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Method for Verification of actual course completion \_\_\_\_\_

The following support materials **must be submitted** with each application:

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|---------------------------------|-------------------------------------|
| 1. Instructor's resume(s)       | 4. A certificate of completion      |
| 2. An outline of course content | 5. A copy of proposed advertisement |
| 3. Course Developer's resume(s) | 6. A program evaluation form        |

**CERTIFICATION**

I hereby certify that continuing education instruction in \_\_\_\_\_ will be offered as prescribed by the DC Board of Psychology. I also certify that all information contained herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature Title Date

<b>For Office Use Only:</b>	_____	_____	_____
	Date Approved	Signature	Number of CEU's