



CE REQUEST FORM

PRESENTER INFORMATION

FIRST NAME:

LAST NAME:

CREDENTIALS:

LICENSED PSYCHOLOGIST:

ADDRESS:

ADDRESS IS:

CITY:

STATE:

ZIP:

COMPANY:

E-MAIL:

PHONE:

PRESENTER BIO:

TRAINING INFORMATION

TRAINING LOCATION:

ACCREDITATION REQUESTED:

1ST PRESENTATION DATE:

START TIME:

END TIME:

2ND PRESENTATION DATE:

START TIME:

END TIME:

3RD PRESENTATION DATE:

START TIME:

END TIME:

TARGET AUDIENCE:

PRESENTATION INFORMATION

PRESENTATION TITLE:

DETAILED
COURSE
DESCRIPTION:

PRESENTER SIGNATURE:

- 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

Example of well-written learning objectives:

- Summarize basic hypnosis theory and technique;
- Observe demonstrations of hypnotic technique and phenomena;
- Recognize differences between acute and chronic pain;

MINIMUM OF
THREE LEARNING
OBJECTIVES:

SAMPLE
FORMATS:

Author's last name, first initial. (Publication date). *Book title*. Additional information. City of publication: Publishing company.
Author's last name, first initial. (Date). Title of Article. *Title of Encyclopedia* (Volume, pages). City of publication: Publishing company.
Author's last name, first initial. (Publication date). Article title. *Periodical title, volume number(issue number if available)*, inclusive pages.
Author's name. (Date of publication). Title of article. *Title of Periodical*, volume number, Retrieved month day, year, from full URL
Author's name. (Date of publication). *Title of work*. Retrieved month day, year, from full URL

MINIMUM OF 4
REFERENCES FOR
MATERIALS USED:

PRESENTATION MATERIALS, PRESENTER RESUME/CV, AND SIGNED CE APPLICATION FORM MUST BE SENT TO THE TRAINING INSTITUTE AT ANY OF THE FOLLOWING:

**EMAIL: TRAINING@SBHSERVICES.ORG ~ FAX: (602)265-8560
ADDRESS: 3450 N 3RD STREET, PHOENIX, AZ 85012**