

STATE BOARD OF PSYCHOLOGY

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APPLICATION FORM FOR CONTINUING EDUCATION SPONSOR/PROVIDER APPROVAL (APPL#863-111)

Attach a \$165.00 fee made payable to the “**Commonwealth of Pennsylvania**”. Fees are not refundable or transferable. If you do not receive the Board's approval within one year from the date the application is received, you will be required to submit another application fee. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Submit the original of the completed application form and all supporting materials. Label all attachments by section.

*****PLEASE NOTE, ALL PENNSYLVANIA SPONSOR/PROVIDER APPROVALS EXPIRE NOVEMBER 30 OF EACH ODD NUMBERED YEAR.***

IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD, OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.

Section 1: Application Form

1. Name of organization: _____
2. Name and title of person responsible for continuing education. Attach his/her curriculum vitae. _____
3. Address of organization: _____

4. Name of person completing application: _____
Telephone number: _____
Fax number: _____
E-mail address: _____

Section 2:

Describe your procedure for determining learners' perceptions of the extent to which the objectives have been met. Attach copy of evaluation form.

Section 3:

All sponsors must offer courses with specific learning objectives; have a procedure for determining learners' perceptions of the extent to which the objectives have been met; and identify on the certificates or transcripts the number of contact hours devoted to substantive issues, the number of contact hours devoted to ethics and the method by which the course was transmitted.

Attach a sample certificate or other documentation of attendance given to participants as verification of their satisfactory completion of an activity.

Each certificate or letter of completion must include the following: (Name of Sponsor/Provider) is approved by the Pennsylvania State Board of Psychology to offer continuing education for psychologists. (Name of Sponsor/Provider) maintains responsibility for the program(s).

Section 4:

AGREEMENT

I understand that information in this application will be used by members of the Pennsylvania State Board of Psychology, their consultants and staff. I also certify that the information provided herein is accurate, and, if approved, agree to abide by the criteria and procedures set by the Pennsylvania State Board of Psychology for continuing education for psychologists.

Signature of Continuing Education Program Administrator

Date

VERIFICATION

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S.§4911. "I verify that the statements in this application are true and correct to the best of my knowledge, information, and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S.§4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my approval.

Signature of Continuing Education Program Administrator

Date