



Mississippi Board of Psychology

2395 Deerfield Road

Yazoo City, MS 39194

Toll Free (888) 693-1416; Fax (662) 716-0336

www.psychologyboard.ms.gov

APPLICATION FOR PROVIDERS OF CONTINUING PROFESSIONAL EDUCATION (CE) FOR PSYCHOLOGISTS

ELIGIBILITY

PART 3201 CHAPTER 12: CONTINUING EDUCATION

RULE 12.4: CRITERIA FOR BOARD APPROVED CE PROVIDERS: *The following programs are eligible to apply to become approved providers of continuing education (CE) for licensed psychologists. Continuing education from approved providers may be used to meet the biennial CE requirement for renewal status.*

- ◆ *Mississippi Psychological Association*
- ◆ *Pre-doctoral Internship Programs and Postdoctoral Fellowship Programs in Mississippi that are accredited by the American Psychological Association (APA)*
- ◆ *Graduate Training Departments of Psychology with APA accreditation*
- ◆ *Any CE credits obtained from programs approved by the APA to provide CE automatically qualify as approved by the Board.*

APPLICATION PROCESS

The application consists of a proposal describing various aspects of the continuing education program. Attachments of supplemental materials (such as announcements, attendance rosters, evaluation forms, and certificates of completion) where noted, are required. You may attach additional pages, if necessary.

- 1. Name and Type of Organization:** Identify and describe the organizational structure (specific division/department) responsible for providing continuing education for psychologists.
- 2. Organizational Mission:** What are the overall mission of the organization and the major goals of the department/division applying for continuing education provider status?

3. Target Audience: Indicate all groups you plan to target as potential attendees.

___ Psychologists

___ Psychiatrists

___ Nurses

___ Social Workers

___ Educators

___ Physicians

___ Counselors

___ Graduate Students

___ Undergraduate

___ Other (Specify): _____

4. Administrator of Continuing Education Program: (NOTE: Should the coordinator/director/contact person change, provide this new information to the Board as soon as possible).

Name: _____

Title: _____

Address: _____

Phone: (____) _____ **Fax:** (____) _____

E-Mail: _____

Please attach a current vita.

5. Goals: List the major goals of your continuing education program.

6. **CE Committee Structure:** Describe the responsibilities, record keeping, and decision-making processes of your CE committee. Attach a list of names of your CE committee.

7. **Administration, Planning and Development of CE Activities:** Describe how you determine training/educational needs, program selection, instructional personnel, and curriculum content. How do you financially support CE activities?

8. **CE Activity Evaluation:** Attach a sample form that demonstrates how you evaluate:

- Participant satisfaction
- Program content
- Instructor performance
- Program effectiveness
- Facilities
- Achievement of learning objectives

9. Co-Sponsorship Policy and Procedures: Do you co-sponsor CE activities with other organizations?
_____ Yes _____ No

If yes, attach the policy and procedures for co-sponsorship. Be sure that it clearly states that you, as an *Approved Provider* are responsible for ensuring the CE activity meets quality standards and requirements.

10. Standards for Awarding Credit: Describe how you will track attendance and determine credit.

11. Sole Responsibility: Provide evidence that the approved provider shall be solely responsible for the CE activities under their sponsorship or co-sponsorship. CE approval status shall be indicated on publicity materials and certified by the following notation: ***The (agency/department) has been approved by the Mississippi Board of Psychology to offer continuing education activities for the purpose of meeting State licensure requirements for psychologists.*** Please attach a sample of the wording that you will use on brochures and certificates.

12. Self-Review Plan: Describe your CE program's periodic self-review plan and indicate how you will collect and review participant feedback.

Attachments for items 4, 6, 8, & 9 (if necessary),