

MISSISSIPPI PSYCHOLOGICAL ASSOCIATION

CONTINUING EDUCATION COMMITTEE

2020 CE Program Proposal Submission

As an APA-approved CE sponsor the MPA must collect and archive the information captured below to for each educational activity to demonstrate compliance with APA standards and criteria. This is a MS Word™ fillable form; place the cursor and type or paste information into the appropriate field.

A. IDENTIFYING INFORMATION: (The primary presenter is usually the individual listed as the first author of the presentation. In the event that the first author is a student, a doctoral-level psychologist, or a faculty member that supervised the development of the presentation must be included as a co-author).

| | |
|-----------------------------|---|
| Primary Presenter Name: | |
| Type of Program and Length: | <input type="checkbox"/> Workshop (<input type="checkbox"/> 120 min, <input type="checkbox"/> 180 min.) <input type="checkbox"/> Symposium/Oral Presentation (<input type="checkbox"/> 60 min, 120 <input type="checkbox"/> min) |
| Program Title: | |
| Event or Conference Title: | 71 st Annual Convention of the Mississippi Psychological Association. |

B. BIOGRAPHICAL INFORMATION:

| | | |
|--|-------------|------|
| Position or Title: | | |
| Employer or Institution: | | |
| Address: | | |
| Other Address: | | |
| Office Phone: | Fax: | |
| Other Phone: | Email: | |
| EDUCATION (please list in chronological order degrees earned, predoctoral internships, postdoctoral fellowships): | | |
| Degree | Institution | Year |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| Please list professional licenses and board certifications: Licensed | | |
| Please provide a three-to-four sentence brief bio that will be used to introduce the primary presenter. Presenters can supplement this with additional information and, in turn, introduce their affiliate presenters: | | |

C. MEMBERSHIPS:

Please indicate if the primary presenter author is a member of MPA, APA, or any other national, state, or provincial psychological association.

| | | | | | |
|------------|--------------------------|---------------|--------------------------|-----------------------|--------------------------|
| MPA Member | <input type="checkbox"/> | MPA Fellow | <input type="checkbox"/> | MPA Student Member | <input type="checkbox"/> |
| APA Member | <input type="checkbox"/> | APA Associate | <input type="checkbox"/> | APA Student Affiliate | <input type="checkbox"/> |
| Other: | | Other: | | Other: | |

D. Co-PRESENTERS: Please list any other persons who will present the program **in order of authorship**. In the event that the primary presenter is a student, a doctoral-level psychologist or a faculty member that supervised the development of the presentation must be included as a co-presenter. For each co-presenter provide their name, highest earned degree, institutional / business affiliation, and title:

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E. PRESENTER QUALIFICATIONS:

For each presenter, please describe the relevant professional experience and / or areas of expertise related to the content covered in this presentation and describe previous CE workshop experience. Expertise might be demonstrated by some combination of the following: relevant educational experience such as holding a doctoral degree in psychology, review of records of previous teaching experiences, years of clinical experience in the topic areas, publications in areas relevant to the content being taught, and scholarly references. Although it is not required that instructors be psychologists, they must have expertise and be competent in the areas in which they teach.

F. BRIEF PROGRAM DESCRIPTION: Please provide a proposal narrative that describes the submission in enough detail so reviewers can evaluate it effectively. This will appear in the convention program and other public documents (750-word maximum).

☐ **WORKSHOP:** Include purpose of the workshop, goals, instructional approach to be used (experiential, didactic, cases), and a description of handouts or instructional materials to be used.

☐ **SYMPOSIUM/PAPER PRESENTATION:** Include purpose of the symposium, goals, instructional approach to be used (experiential, didactic, cases), and a description of handouts or instructional materials to be used. If your presentation entails original research, please provide a brief abstract of your research study, including a summary, research, and statistical methods, sampling, conclusions, generalizability of results and any limits of the research.

G. LEARNING OBJECTIVES: Every program must have predetermined learning objectives that follow the standards and criteria set forth by APA's Office for Continuing Education. As a guideline, there should be at minimum two objectives for a one program, three to four objectives for a four-hour program; five to six objectives for a seven to eight-hour program, etc.

Writing Behavioral Learning Objectives for MPA Presentations

1. 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.
2. Learning objectives must be observable and measurable by both quantitative and qualitative criteria.
3. Learning objectives should be results oriented, clearly written, and specific.
4. Learning objectives should (1) focus on the learner, and (2) contain action verbs that describe measurable behaviors. If at all possible, please use unique action verbs for each learning objective.

A. Verbs to consider when writing learning objectives:

list, describe, recite, write

compute, discuss, explain, predict

apply, demonstrate, prepare, use

analyze, design, select, utilize

compile, create, plan, revise

assess, compare, rate, critique

B. Verbs to avoid when writing learning objectives:

know, understand

learn, appreciate

become aware of, become familiar with

Proposed Learning Objectives:

1.

Note: Final Learning Objectives must be approved by MPA Continuing Education Committee

H. TEACHING FORMAT: Which of the following teaching formats will be included in your workshop (check all that apply)

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Lecture/Presentation | <input type="checkbox"/> Case illustrations/examples | <input type="checkbox"/> Participant role play or rehearsal | <input type="checkbox"/> Participant discussion |
| <input type="checkbox"/> Powerpoint slides | <input type="checkbox"/> Demonstrations | <input type="checkbox"/> Clinical or instructional exercise | <input type="checkbox"/> Question and answer |

I. CURRICULUM CONTENT CRITERIA:

Content Type: Please complete the following checklist to help us evaluate the appeal and quality of the content of your

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| proposed workshop and its relevance to psychological practice, education, and science. As your program must be based on a methodological, theoretical, research, or practice knowledge base, please indicate which of the following APA criteria best matches your content and give a brief reason or illustration. | |
| A. 1. <input type="checkbox"/> | Criterion A. Program content has obtained credibility, as demonstrated by the involvement of the broader psychological practice, education, and science communities in studying or applying the findings, procedures, practices, or theoretical concepts. |
| A. 2. <input type="checkbox"/> | Criterion B. Program content has been studied according to established procedures of scientific scrutiny. |
| A. 3. <input type="checkbox"/> | Criterion C. Program content has peer reviewed published support beyond those publications and other types of communications devoted primarily to the promotion of the approach. |
| A. 4. <input type="checkbox"/> | Criterion D. Program content is related to ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychology. |
| 2. Content Level: Program content is expected to be at a level that builds upon a doctoral degree in psychology. Please provide a reason or justification as to how or why your program meets this criterion. | |
| B.1. <input type="checkbox"/> | I attest that program content builds upon a doctoral degree in psychology. Clinicians often receive subpoenas and/or court orders for records, but many have not had education or training about how to respond to these situations. Additionally, clinicians may be called to testify even if they are not practicing in the field of forensic psychology. |
| B.2. <input type="checkbox"/> | Program content does not build upon a doctoral degree in psychology. |

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| J. AUDIENCE INFORMATION | |
| 1. Please indicate the target audience for whom the program is intended (you may select as many as appropriate): | |
| <input type="checkbox"/> Doctoral Level Psychologists | <input type="checkbox"/> Postdoctoral Fellows |
| <input type="checkbox"/> Graduate Psychology Students | <input type="checkbox"/> Other (specify): |
| 2. Please indicate below the necessary knowledge/skill level for participants to fully participate in your program. | |
| <input type="checkbox"/> | Introductory - No prior knowledge of the specific content area is needed to participate fully and effectively in the workshop. The information or skills will be new to those enrolled. |
| <input type="checkbox"/> | Intermediate - Some basic knowledge of the specific content area is required, but participants need not have in-depth knowledge or skills. The program will provide information at a level beyond the basic knowledge of the topic. |
| <input type="checkbox"/> | Advanced - To participate fully, those enrolled must possess a substantial working knowledge or skill level in the specific content area. Generally, the knowledge or skill involved is currently used by the participant in his/her job. At this level, advanced techniques or knowledge would be offered to refine and expand current expertise. |
| 3. Pre-requisite: If you indicated intermediate or advanced level skills (above) please indicate what pre-requisite skills or experience participants should have in order to fully benefit from the program: | |

| | |
|---|---|
| K. CONFIRM AUDIO/VISUAL NEEDS | |
| 1. Please indicate if you intend to provide your own equipment or would like MPA to make provisions for your equipment needs. | |
| <input type="checkbox"/> I will provide the necessary equipment. | |
| <input type="checkbox"/> I will need MPA to provide the following equipment: | <input type="checkbox"/> Projector <input type="checkbox"/> Remote <input type="checkbox"/> Screen <input type="checkbox"/> Microphone / Speakers |

| | |
|--|--|
| L. DIVERSITY & ETHICS | |
| 1. DIVERSITY: GENERALIZABILITY/ LIMITS of METHOD and/or RESEARCH: MPA has a strong commitment to respect diversity and to promote cultural competency. Please comment on how you will consider issues of diversity in your program and upon the generalizability of/implications for individuals of different ages, races, genders, socio-economic groups, religious groups, national origins, sexual orientation, etc. of your research/method/approach and/or therapy. | |

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2. **ETHICAL CONCERNS:** Most areas of practice have ethical implications for psychologists. Please list ethical issues you have identified and how you intend to address the ethical dimensions of your topic during your presentation:

M. DISCLOSURES

According to APA's Standards and Criteria for Continuing Education, presenters must include statements that describe the accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught, and the severe and the most common risks. Presenters must provide a sufficient basis for the interpretation of program information by informing participants of limitations of the content being taught, including contradictory evidence and its source. For example, presentations that include discussions of clinical assessments, treatments, or interventions also describe the evidence for this information, including the basis (e.g., research, established psychological practice, clinical expertise, and patient acceptability) of such description or claims, and the severe risks, if any, and also those risks that are most common.

Please use the check box for all of the following that apply. Your typed signature (below) affirms that you agree with the following principles and have made the appropriate disclosures.

A.1. ☐ I agree to abide by ethical principles as set forth by the APA Ethical Principles for Psychologists. Please sign below to indicate that you have reviewed MPA's Continuing Education Policies and the Ethical Principles for Psychologists and agree to abide by these policies and principles.

If any of the presenters have a conflict of interest to disclose related to products or services of a commercial interest with which he/she has a financial relationship, please check the box and describe. By checking the box, I agree to allow MPA to disclose the above relationship/sponsorship in any promotional literature, and I agree to disclose this to participants at the beginning of my poster presentation.

B.1. ☐ I have the following conflicts of interest to disclose

B.2. ☐ I have no conflicts of interest to report

C.1. ☐ I agree to honor all copyright laws and agreements in preparing, copying and displaying materials for my presentation, and to secure and safeguard the confidentiality of all assessment/test instruments used during this presentation.

D.1. ☐ I attest that during my presentation I will describe the accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught, and the severe and most common risks.

E.1. ☐ My presentation includes content that might be confidential or sensitive in nature or might be stressful for participants (including information or demonstrations of procedures that might be discomforting to participants). I agree to disclose to participants that confidential/sensitive material may be presented.

E.2. ☐ Not applicable. There will not be any confidential/sensitive material disclosed during this presentation.

Your typed signature is required here as indication of your agreement to these terms. Thank you for your submission. Please email to mpa@mpassoc.org.

Typed Signature

Date

If you have any questions, please contact Dr. Ethel Hetrick at ethelhetrick@gmail.com or Amy Wilson at mpa@mapssoc.org or at 601-372-7755.