

Westchester Center for Psychological Education

*Chartered by the New York State Department of Education
Affiliated with the Westchester County Psychological Association, Inc.*

Date: _____

To: Westchester Center for Psychological Education

From [Name of Presenter]: _____

Address: _____

Telephone #: _____ Fax #: _____

Social Security or ID# _____

(1) The undersigned hereby agrees to present a course or other program entitled, and the presenter agrees to accept \$_____ for teaching the aforementioned course.

(2) The workshop will be taught on _____ [date]

(3) The course will start at _____ and end at _____.

(4) The location of the presentation is _____

(5) The presenter agrees to review the course content with the curriculum committee of the WCPE and abide by recommendations for change(s) to meet the needs of the target population.

(6) WCPE agrees to copy materials provided by the presenter for distribution to the registrants. Please allow at least four weeks before the presentation. [If any significant amount of hand-outs are desired, please notify us immediately so that we may announce an additional materials charge.]

(7) Presenters agree to abide by the American Psychological Association Code of Ethics and the criterion of APA's CEOAS policies and procedures.

(8) Please identify the level of graduate/post graduate training suitable for this activity:
_____ Beginner _____ Intermediate _____ Advanced

(9) Audio taping may be allowed by faculty or a PPI Executive Committee Member. Such taping to be used solely for the purpose of a make-up session. Please state if you will be needing any aids (i.e. projector, marking board, etc.)

(10) Presenters must identify any potential conflict of interest and/or commercial support for any program offered, and they must clearly describe any commercial support for the

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CE program, presentation, or instructor to program participants at the time the CE program begins. Any other relationship that could be reasonably construed as a conflict of interest also must be disclosed. Individual presenters must disclose and explain the presence or absence of commercial support or conflict of interest at the time the CE program begins.

Do you have any potential conflicts of interest related to this program? YES NO
Please explain:

When returning this form, please be sure to include an outline of the proposed curriculum, a copy of your learning evaluation instrument (if offering CE credits) to the activity and your curriculum vitae.

The Westchester Center for Psychological Education is approved by the American Psychological Association and New York State Education Department to offer Continuing Education activities for psychologists. WCPE maintains responsibility for the program.

Please sign below:

For WCPE [signature & title] Presenter

Checklist: This agreement, learning objectives, your CV, and learning quiz with answers and the criterion met by the APA's CE Sponsor Approval System policies and procedures.