CE Inquiry Form

*This form is to be completed by the CWC staff member requesting a continuing education training, after conferring with the proposed speaker(s). This form MAY be given to the proposed speaker(s) for completion.

PURPOSE OF REQUESTED CONTINUING EDUCATION PROGRAM

Name of Requester:
Please identify the specific topic area for the CE program, and the need for a training in this area:
Who will benefit from this CE program?
Are there in-house staff who might provide this program? Please consider this prior to requesting external speakers.
If speaker is external, are there any potential conflicts of interest?
If you answered yes above about conflict of interest please explain below:

Bios of each presenter (Please attach)		
CV's of each presenter (Please attach)		
PowerPoint Presentation MUST be provided at least 7 days provided 24 hours in advance of the presentation (Please a		eer submission, these must be
PRESENTATION/EVENT		
Title of Presentation(s)		
Preferred Date(s):	Preferred Time(s):	Duration/CE Hours
This training will be		
This training will be:		
*if in-person, please provide the pr	oposed location for the training below	
What are the fees and/or expenses	requested by the proposed speaker(s)?	

Abstract or course description. (Check the box if you are attaching additional items)

*should include what the training will discuss, rather than who it is for

PRESENTERS

Names, university/professional affiliation, and credentials of all presenters"

Please list 3 scientific references to support your learning objectives. These may be scholarly articles, books, chapters, etc.
Continuing Education credits will be provided by:
PowerPoint slides must be provided 7 days prior to the event for CE Broker records.
We request that PowerPoint slides be shared with the attendees.
Will you be sharing PowerPoint slides with attendees (Please indicate preference on dropdown menu below)?
Does the speaker consent to the recording of the presentation, for training and continuing education credit?

Please list learning objectives for the presentation, using the table below as a guideline. For presentations 3 hours or less, you must have a minimum of 3 learning objectives. For longer presentations, you must have at least one additional learning objective for each continuing education credit hour. (Check the box if you are attaching additional items)

USE AVOID

List, Describe, Recite, Write, Discuss, Explain, Predict, Apply, Demonstrate, Prepare, Use, Utilize, Select, Design, Analyze, Compile, Create, Plan, Revise, Assess, Compare, Rate, Critique, Identify Know, Understand, Learn, Appreciate, Become aware of, Familiar with

Please Provide a tentative presentation schedule or agenda:
*For in-person presentations only (per agreement with CE Coordinator/Training Committee): Please list equipment needed, including technology preferences:

Other Comments or notes:
We provide continuing education credit for licensed psychologists, licensed mental health workers, licensed clinical social workers,
and marriage and family therapists. The APA Accredited Internship Program at the University of Florida Counseling & Wellness
Center is authorized by the Board of Psychology, Agency of Health Care Administration to offer continuing education credit for psychologists (Florida Administrative Code, 64B19-13.003B). The University of Florida Counseling & Wellness Center is approved to provide CE credits by the Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling (CE
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