

# ATRA CEU Application

Name of Sponsoring Organization: \_\_\_\_\_

Continuing Education Liaison: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of CE Opportunity: \_\_\_\_\_ Location: \_\_\_\_\_

## APPLICATION FEE: Please select Category A or B.

Category A  Category B

- \$100 ... ATRA Chapter Affiliates
- \$100 ... 1 – 6 Sessions
- \$200 ... 6 – 17 Sessions
- \$300 ... 17 or More Sessions

### Method of Payment

- Check enclosed
- Credit Card (will send instructions via email along with your application receipt)

Following the workshop, the provider must also remit an additional \$10 transcript issuance fee for each participant (payable in one check or money order). ATRA will issue official transcripts to each participant.

I agree that the following will occur as specified by ATRA in the CEU Manual and Application in order to uphold the integrity of the CEUs awarded to participants of approved continuing education opportunities:

- a. Sessions are presented as approved, including learning outcomes and evaluation.
- b. Sessions will occur for the designated time span.
- c. Sessions will be conducted and evaluated in a professional and ethical manner.
- d. Monitoring of attendance will be completed in a professional and ethical manner.

As continuing education CEU liaison to ATRA, I understand that I am responsible for ensuring that the above items will occur. I understand that disregard for or negligence of standards set forth in this document will void the contract between my organization and ATRA, and that CEUs will not be awarded.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Mail To:**

American Therapeutic Recreation Association, CEU Office

11130 Sunrise Valley Drive, Suite 350 Reston, VA 20191 | Telephone: 703.234.4140

Email To [CEU@atra-online.com](mailto:CEU@atra-online.com)

# EDUCATIONAL SESSION PROPOSAL

**Title of Session:** 20 words or less; Descriptive of content; Related to NCTRC Job Analysis

**Session Description:** 150 words or less; Descriptive of content; Related to NCTRC Job Analysis

**Speaker Qualifications:** Maximum of 2-page vitae or resume, OR 400-word biographical sketch (briefer bios and references are not acceptable). Describe qualifications to present this topic.

**Instructional Methods:** Instructional methods used in session (e.g., lecture, discussion, interactive, debate, panel, experiential, etc.)

**Learning Outcomes:** Provide measurable learning outcomes for each session; Related to NCTRC Job Analysis. Examples of acceptable learning outcomes below:

1. Upon completion of this session, participants will be able to:
  - Identify three benefits of performing evidence-based TR practice
  - Perform an internet search for a clinical question relating to TR practice
  - Provide an example of using evidence-based practice in daily TR service delivery
  
2. Upon completion of this session, participants will:
  - Demonstrate understanding of three strategies that have occurred to address TR public policy concerns.
  - Identify at least three strategies they can initiate to affect public policy and the TR profession in their local area, the state, and at the national level.
  - Identify three areas of where we need to go in the future for Therapeutic Recreation as it relates to Federal Public Policy in a changing environment.

## Examples of Unacceptable Learning Outcomes

- Improve knowledge of the topic
- Understand public policy
- Gain an understanding of the dementia practice guidelines
- Participate in discussion
- Learn how to have fun!

## Session Outline:

Provide a detail session outline of content and methodology. See example below.

- |       |   |                     |
|-------|---|---------------------|
| I.    | Introduction of Presenter   | <i>(5 minutes)</i>  |
| II.   | Short Quiz  | <i>(5 minutes)</i>  |
| III.  | Discussion about quiz   | <i>(5 minutes)</i>  |
| IV.   | Self-determination theory (brief overview)                            | <i>(15 minutes)</i> |
| V.    | Autonomy-supportive environment vs. a controlled environment          | <i>(20 minutes)</i> |
| VI.   | Autonomy-supportive environment techniques                            | <i>(10 minutes)</i> |
| VII.  | Break into groups to discuss how to relate to their agency/population | <i>(20 minutes)</i> |
| VIII. | Wrap up & Evaluation  | <i>(10 minutes)</i> |

**NCTRC Job Analysis Areas:**

Check *ONE* to *TWO* of the most prominent areas of content of this session

<input type="checkbox"/> Foundational Knowledge	<input type="checkbox"/> Assessment Process	<input type="checkbox"/> Documentation	<input type="checkbox"/> Implementation	<input type="checkbox"/> Administration of TR/RT Service	<input type="checkbox"/> Advancement of the Profession
Theories and Concepts	Selections and Implementation of Assessment	Individualized Intervention Plan	Selection of Programs	Personnel/Intern/Volunteer Management	Professionalism
Practice Guidelines	Assessment Domains	Discharge/Transition Plan	Modalities and/or Interventions	Budgeting/Fiscal Management	Credential Maintenance/Professional Competencies
Diagnostic Groupings					PR/Promotion/Marketing

# SAMPLE OF EVALUATION TOOL

SESSION TITLE: \_\_\_\_\_ SPEAKER: \_\_\_\_\_

PLEASE USE THE FOLLOWING SCALE:

1 Strongly Agree   2 Agree   3 Undecided   4 Disagree   5 Strongly Disagree

**This session contributed to my professional knowledge.**

1      2      3      4      5

**This session met identified learning outcomes.**

1      2      3      4      5

**The instructor was knowledgeable about his/her subject.**

1      2      3      4      5

**This session was well organized.**

1      2      3      4      5

**A positive learning environment was provided (sound, lighting, a/v equipment).**

1      2      3      4      5

**I learned something to take back to my facility.**

1      2      3      4      5

**OVERALL RATING OF CONFERENCE:**

Excellent   Above Average   Average   Fair   Poor

**OVERALL RATING OF SPEAKER:**

Excellent   Above Average   Average   Fair   Poor

**Additional Comments:** \_\_\_\_\_

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# SAMPLE ATTENDANCE SHEET

## Attendance Verification / Sign in Form

Session Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Presenters: \_\_\_\_\_

PLEASE PRINT	PLEASE SIGN
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