California Psychological Association

Office of Professional Development

Provider Approval System

Application

OPENING STATEMENT

The California Psychological Association (CPA) has established an Office of Professional Development (OPD) and in support of continuing professional development has established a Provider Approval System (PAS) specifically designed to meet the needs of smaller, local or regional organizations that provide continuing education programs or activities within California.

CPA defines continuing professional development (CPD) as an ongoing process of life long learning which includes activities that:

1) Are relevant to psychological practice, education and science;

2) Enable psychologists to keep pace with emerging issues and technologies; and

3) Allow psychologists to maintain, develop, broaden and increase competencies in order to improve services to the public and enhance contributions to the profession.

NOTICE

Approved providers and applicants are advised that it is their responsibility to maintain a continuing awareness of the policies and procedures of the CPA Provider Approval System. This includes, but is not limited to:

- having a copy of the most recent submissions to CPA (application, review responses, etc.) on file,

- being aware of and compliant with report and fee submissions deadlines, and

- keeping the CPA OPD informed about any changes in contact information. The office will use contact information on file to notify individuals or organizations of decisions, deadlines, and reminders.

The Office of Professional Development's website (www.cpaopd.org) houses all material, applications, policies and procedures necessary for a CPA Provider to maintain awareness of changes and updates in the program.

GENERAL DIRECTIONS:

This application is arranged by Focus Area and directly corresponds to the CPA Provider Approval System Criteria Manual and Application Guide which list the specific criterion for each focus area. It will be to your advantage to refer to the Focus Area criteria listed in the Criteria Manual to assure your responses fully meet requirements.

➢ Some sections require attachments which should be inserted **after** each relevant section and **not** at the end of the application.

➢ Completed applications may be submitted by hard copy or as an electronic document. If filed electronically, the application must be one, single (continuous) .pdf file in the exact order of the blank application with attachments inserted after each relevant section. Electronic applications can be sent to: **PAS@cpapsych.org** Electronic applications not following this format will be returned.

Applications must be complete, (i.e., each section completed, all supplemental materials attached and accompanied by the appropriate fee). Incomplete applications will be returned. **Handwritten applications will not be accepted.**

SPECIFIC DIRECTIONS

1. Complete Application – if response is longer than the form allows, add as a clearly identified addendum. Please limit your use of addendums; this application is formatted to encourage precise, cogent responses. 2. Print out and assemble in order with attachments inserted where required.
3. Scan/pdf entire application as a single file and email to PAS@cpapsych.org. **OR**
   Mail application in a single envelope to CPA * 1231 I St, Ste 204 * Sacramento, CA 95814

2017 FEE STRUCTURE

Fee Type	Provider Type Rates	
	Non-Profit	**For Profit**
Application Fee	$ 200	$ 300
Annual Fee (0 - 5 courses)	$ 400	$ 600
Annual Fee (6 -10 courses)	$600	$ 800
Annual Fee (11-15 courses)	$ 775	$ 975
Annual Fee (16-20 courses)	$850	$ 1050
Annual Fee (20-30 courses)	$950	$ 1150

NOTE: Upon approval**,** you will be invoiced in advance for your annual fee which will be determined by the statements you make in your application. If your course volume changes mid-year, adjustments can be made to your fee.

Provider Name: _____

Mailing Address: _____

_____

Phone: _____ Fax: _____ Email: _____

Website: _____

Primary Contact (Administrator): _____

Administrator Phone: _____ Administrator Email: _____

CE Program Developer: _____

Developer Phone: _____ Developer Email: _____

For Office of Professional Development Use Only

Received On:

_____

Staff Reviewer Initial: _____

Provider Code: _____

☐ Check #_____

Date Entered: _____

Renewing Provider: ☐ Yes ☐ No

☐ Complete: ☐ Yes ☐ No

Date Complete:_____

☐ Credit Card #_____
Exp:_____

2nd Complete: ☐ Yes ☐ No

☐ Non-Profit ☐ Profit

Returned: ☐ Yes ☐ No

Return Date: _____

Amt Paid: _____

Comments _____

_____

_____

Committee Meeting Date: _____ Date to Review: _____

Review Team: ☐ Team A ☐ Team B ☐ Team C ☐ All Teams ☐ Other _____

Decision: ☐ 2 Year Approval ☐ 5 Year Approval ☐ Denied

Letter Sent Date: _____

GENERAL INFORMATION

Please indicate the following (check all that apply):

1. TYPE OF ORGANIZATION: ☐Exempt (non-profit) ☐Non-Exempt (for-profit)
   (If exempt, a copy of your IRS letter must be included.)

   ☐Univ./College: Psychology Dept. ☐Professional Society/Association
   ☐Univ./College: Counseling Center ☐Hospital/Medical School
   ☐Professional School of Psychology ☐Mental Health Center/Clinic
   ☐Psychoanalytic Training Institute ☐Community/Government Agency
   ☐Specialty Training Organization ☐Individual CE Provider

   ☐Other (Specify)_____

2. EDUCATIONAL PROGRAM FOCUS

   If your CE program significantly focuses on a specialty area, primary theoretical approach or patient group please state the focus.

3. MAJOR FUNCTIONS OF YOUR ORGANIZATION

   What are the major functions of your organization? (This question refers to the overall, or parent, organization.)

4. How many CE activities do you plan to schedule for the coming year?

   ☐**1 – 5** ☐**6 – 10** ☐**11-15** ☐**16-20** ☐ **20-30**

5. APPROVAL HISTORY

   Have you previously applied for approval to provide continuing education for psychologists?

   OPD PAS   Provider Code_____
                             If yes, date of last application_____

   MCEP   Provider Code_____

   APA   If yes, date of last application_____

6. TARGETED AUDIENCE

   Indicate the primary groups you have targeted as potential participants in the activities you intend to offer for credit and estimate their **percentage** of your audience:

   _____ Psychologists   _____ Physicians   _____ Educators
   _____ Post-Doc Fellows   _____ MFT/LEP/LCSW   _____ Graduate Students
   _____ Pre-Doc Interns   _____ Nurses

   _____ Other (Specify)_____

Focus Area A: Goals and Organization Overview

See Focus Area A of the Criteria Manual to guide your response to the following questions

Note: This application is formatted to encourage precise, cogent responses that demonstrate the organization's ability to meet the CPA PAS criterion.

1. Please provide a statement of your **continuing education program** goals.

2. Describe your overall organizational structure and, if part of a larger organization, describe how the CE Program is integrated into the larger organization's mission and goals.

Focus Area B: Program Management

See Focus Area B of the Criteria Manual to guide your response to the following questions

1. List the names of the psychologists directly involved in your CE planning and include their CVs. (Please include CVs for no more than three of the key psychologists.)

    1.a. Describe how you include the direct input of the above listed psychologists in all phases of the decision-making and program-planning process.

    1.b. If you are an individual (solo) CE provider, please describe the mechanisms you have in place to obtain feedback from other psychologists regarding program planning, program evaluation and areas where conflicts of interest might occur (e.g., fair and balanced presentation of material, resolution of participant complaints).

2.   Who is the administrator of your CE program? Describe this individual's role (and qualifications) in ensuring that the standards and policies of the CPA Provider Approval System are upheld.

3.   Describe how you will maintain and obtain administrative and academic records for your CE Program and for how long. (**Note**: These records are to include course descriptions, syllabi, learning objectives, instructor CV (or equivalent), attendance records and who was awarded credit.)

4.   Describe your method for ensuring the security of any tests ***and*** proprietary information. How do you maintain the confidentiality of clinical or client information used in a presentation?

5.   Attach a copy of your complaint and refund policy. Describe your process for responding to attendee complaints. *(See appendix 4 for a sample policy)*

6.   Describe how you integrate respect for individual differences and awareness of diversity in content development, instructor selection, **and** organizational operations. (If you have developed a formal policy, please attach your policy statement)

7.   Describe how you ensure that your programs are accessible to participants with disabilities. This applies to the accessibility of your material/content (non-mobility related disabilities) in addition to your venue selection.

8.   Do you plan to collaborate with other organizations to provide continuing professional development programs for psychologists? ☐Yes ☐No (If yes, answer 8b.)

    8b.   If yes, do you agree that you will take responsibility for ensuring that all program criteria are met? ☐Yes ☐No

REQUIRED ATTACHMENTS FOR FOCUS AREA B:

❑ CVs of psychologists involved in program planning and development. (1.b)

❑ Written procedures for dealing with participant complaints related to usual and customary business (e.g., refunds, cancellations, attendance, instructors or the organization.)

❑ Written diversity and individual respect policy or statement, if available.

❑ If the answer to question #8 is YES, attach a list of collaborating organizations, program titles and dates.

Focus Area C: Educational Planning and Instructional Methods
See Focus Area C of the Criteria Manual to guide your response to the following questions

1. If you have offered CE activities for psychologists in the last year, please complete the chart on the following page that lists the date, activity title, number of credits awarded, instructional method, learning objectives, and instructor name and degree(s) for each program. **Please list a maximum of four programs.** A CV demonstrating expertise in the content area must be provided for each instructor.

    Note: If you are a new applicant and have not yet offered any CE activities, please list two fully developed programs you plan to offer in the near future in the chart on page 10. If you have not scheduled a date, TBD is acceptable.

    If any of the activities listed is part of a multi-session program (conference or in-service training series) for which credit is earned on a session-by-session basis, you should <u>list only four individual session names</u>. Do not list the overall conference.

FOR DISTANCE/INDEPENDENT LEARNING PROVIDERS ONLY:

Check the delivery method(s) you have used or plan to use in your distance/independent learning programs:

- ☐ Publication (book, magazine, journal article, etc.)
- ☐ Video
- ☐ CD-ROM
- ☐ Other (specify): _____
- ☐ On-line/Web-based

REQUIRED ATTACHMENTS FOR FOCUS AREA C:

- ❑ Full CVs of instructors listed in the summary data chart (if an instructor is also involved in program planning and development and a CV has already been provided, you do not need to provide a duplicate CV. (Please reference Focus Area B, Question 1.)

- ❑ Full CV for individual(s) responsible for distance/independent learning program and test preparation (if applicable)

Summary Data Chart for Most Recent CE Activities

Activity Title & Date	# of Credits Awarded	Instructional Method*	Learning Objectives	Instructor(s)
A.				
B.				
C.				
D.				

* Under the instructional method category, indicate the delivery method used for the activity (e.g., workshop, seminar, panel, lecture, book, CD-ROM, etc.)

Focus Area D: Curriculum Content

See Focus Area D of the Criteria Manual to guide your response to the following questions. Citations and references can be provided as an attachment.

Answer the following questions for **each** of the activities listed in the summary data chart in Focus Area C of this application:

A1.   Briefly describe how you determined the course material met Criterion 1.

A2. Provide relevant references or no more than 5 representative citations

A3.   Using the following checklist, indicate which aspects of Criterion 2 this program meets.

- ❑ CE programs include content related to well-established psychological principles.
- ❑ CE programs are based on content that extends current theory or methods, or informs current practice.
- ❑ CE programs provide information related to ethical, legal, statutory. regulatory guidelines, and standards that impact psychology.
- ❑ CE programs whose content focuses on non-traditional or emerging practice or theory must be able to directly bridge course content to criteria 2.1.

B1.   Briefly describe how you determined the course material met Criterion 1.

B2   Provide relevant references or no more than 5 representative citations

B3.   Using the following checklist, indicate which aspects of Criterion 2 this program meets.

- ❑ CE programs include content related to well-established psychological principles.
- ❑ CE programs are based on content that extends current theory or methods, or informs current practice.
- ❑ CE programs provide information related to ethical, legal, statutory. regulatory guidelines, and standards that impact psychology.
- ❑ CE programs whose content focuses on non-traditional or emerging practice or theory must be able to directly bridge course content to criteria 2.1.

C1.   Briefly describe how you determined the course material met Criterion 1.

C2.   Provide relevant references or no more than 5 representative citations.

C3.   Using the following checklist, indicate which aspects of Criterion 2 this program meets.

- ❑ CE programs include content related to well-established psychological principles.
- ❑ CE programs are based on content that extends current theory or methods, or informs current practice.
- ❑ CE programs provide information related to ethical, legal, statutory. regulatory guidelines, and standards that impact psychology.
- ❑ CE programs whose content focuses on non-traditional or emerging practice or theory must be able to directly bridge course content to criteria 2.1.

D1.   Briefly describe how you determined the course material met Criterion 1

D2.   Provide relevant references or no more than 5 representative citations.

D3.   Using the following checklist, indicate which aspects of Criterion 2 this program meets.

- ❑ CE programs include content related to well-established psychological principles.
- ❑ CE programs are based on content that extends current theory or methods, or informs current practice.
- ❑ CE programs provide information related to ethical, legal, statutory. regulatory guidelines, and standards that impact psychology.
- ❑ CE programs whose content focuses on non-traditional or emerging practice or theory must be able to directly bridge course content to criteria 2.1.

Focus Area E: Program Evaluation

See Focus Area E of the Criteria Manual to guide your response to the following questions

1.	Describe how and by whom the evaluation feedback is (or will be, for providers who have not presented programs) reviewed, assessed and used to improve and plan future programs.

REQUIRED ATTACHMENTS FOR FOCUS AREA E:

❑	Sample(s) of written evaluations forms that will be used in your program if approved as a CPA PAS CE Provider. *(See appendix 4 for a sample form)*

❑	For the programs listed on the chart in Focus Area C, you must provide a copy of the actual evaluation used and a quantitative summary of the evaluations from that program. (This does not apply to new providers who have only listed proposed courses in the chart.)

Focus Area F: Standards for Awarding Credit

See Focus Area E of the Criteria Manual to guide your response to the following questions

1.   Describe your attendance policy and your method for monitoring attendance. Please confirm how credit hours are calculated and that break time is not included in that calculation.

FOR DISTANCE LEARNING/INDEPENDENT STUDY PROVIDERS ONLY:

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1.   Describe in detail the process used to determine the number of credits awarded. If you have various program delivery methods (e.g., publication and on-line), you must describe the process used for each delivery method.

2.   What are the criteria that participants must meet in order to receive credit?

2.a   For programs that use subjective assessment measures (essays, posts to an electronic bulletin board, journaling), describe your procedures for evaluating this type of material.

3.   Describe the method(s) you use to verify that the person being awarded the credit is the individual who completed the program.

REQUIRED ATTACHMENTS FOR FOCUS AREA F:

❑ Sample documentation of attendance (certificate) that meets CPA PAS standards. *(See appendix 4 for a sample policy)*

❑ **If offering distance/independent learning**, attach a measure of achieved learning (e.g., post-test) for two previous or two planned distance learning programs. Include the activity title and number of credits awarded for each program.

Focus Area G: Promotion and Advertising

1. Provide the promotional material/announcements for all programs listed on the chart in Focus Area C. If you used the same exact advertisement in multiple places, please do not submit duplicate promotional material.

Note: **All Applicants:** Please confirm a) your use of the required CPA PAS approval language in all future advertising/marketing exactly as it appears in the Criteria Manual; and b) How to access all of the supplemental information required in Focus Area G criteria.

2. If you receive commercial support for your programs, describe how you make this known to potential participants.

REQUIRED ATTACHMENTS FOR FOCUS AREA G:

❑ Promotional materials/announcements for all programs listed on the chart in Focus Area C. (This does not apply to new applicants who have not yet offered any CE programs.)

Contractual Agreement Page

I certify that the information provided herein is accurate. If approved, I agree to abide by all of the criteria and guidelines as set forth in California Psychological Association Office of Professional Development Provider Approval System *Criteria Manual and Application Guide,* to include submitting a report after each course offering. I understand that failure to comply with the criteria and guidelines may place my provider status at risk.

I understand that acceptance of this application for review is no guarantee of approval. I understand that the information in this application will be kept confidential except as needed to review its contents and administer the program. I understand that even if the application is withdrawn after submission, but prior to Committee review, the application fee is not refundable.

Provider Name _____

Signature _____ Date _____
          CE Program Director

Payment

A **non-refundable** Provider application fee of $200 (non-profit applicants) or $300 (for-profit applicants) must accompany this application.

☐ Check #_____ enclosed

(*Make payable to the CPA • Note: there is a $25 returned check fee*)

Please bill my credit card for: ☐ $200 (non-profit) or ☐ $300 (for-profit)

Note: A 10% surcharge will be applied if card is not honored.

☐ Visa/MasterCard   ☐ American Express   ☐ Discover

Name on Card: _____ Signature: _____

Credit Card# _____ Exp. Date: _____ CVC#: _____

Billing Address: _____

Thank you for completing this application. Please send the completed application to:

CPA Office of Professional Development
1231 I St., Suite 204
Sacramento, CA 95814
PAS@cpapsych.org

THIS APPLICATION WILL NOT BE REVIEWED UNLESS ACCOMPANIED BY APPROPRIATE FEE. APPLICATIONS RECEIVED AFTER THE APPLICATION DEADLINE (BUT BEFORE MATERIAL IS SENT TO COMMITTEE FOR REVIEW) WILL BE CHARGED A 20% LATE FEE OR HELD OVER AS PART OF THE NEXT REVIEW BATCH AT CPA OPD'S DISCRETION.