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## APPLYING FOR PD CREDIT

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Thank you for your interest in partnering with Texas Psychological Association (TPA) for your Professional Development program. TPA is authorized to sponsor Professional Development activities and partner with other organizations so that participants may receive TPA approved Professional Development credits for attendance. As a sponsor, TPA is responsible for the program and certifies that all standards are met.

**Eligibility:** All approved providers must offer PD programs that are directly related to the practice of psychology. In order to qualify for TPA Professional Development credit, the activity must meet the following criteria:

- The topic/content must be directly related to the practice of psychology
- A psychologist (doctoral-level at minimum if from outside of Texas) must be directly involved in the planning of the proposed activity.
- The presenter(s) must have demonstrated experience and expertise in the content area(s) of the proposed activity (based on CV)
- The activity/content must be in compliance with the APA Ethical Principles of Psychologists and Code of Conduct, and APA Practice Guidelines. TPA will rely on APA guidelines that exist should there be any questions of compliance.
- The activity must be at least one hour in duration excluding breaks. Typical approved programs are workshops and symposia. Research papers that are included a part of a larger event may also be approved.

### Application eligibility:

- Applications must be completed in entirety and arrive in the TPA office at least 90 days prior to the proposed activity. TPA will respond within 30 days.
- Applications will not be considered unless they are complete.
- Applications for paper reading sessions at professional meetings or at informal/discussion/interest groups do not meet the criteria for PD credit.

### STEPS TO APPLY FOR PD CREDIT WITH TPA

1. Complete **Application form for PD Approval (new programs) or Renewal form for PD Approval (programs approved by TPA within the previous 12 months)**
2. Return complete application with attachments and payment to TPA's Central Office at least 90 days prior to the activity's proposed date. You will receive a determination within 30 days following the receipt of your proposal.

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## TPA ACCREDITATION FEES

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**Fees:** The cost of the PD approval service is as follows (all fees are non-refundable):

- Private/for profit: \$350/workshop to be approved; \$100 for additional dates (recurring program) of same approved workshop taking place within 12 mos of original approval
- **If you request expedited approval in less than 90 days, but no less than 30, add \$250 to the above fees**
- All approved programs shall be open to any member of Texas Psychological Association;
- TPA Members receive a 15% discount on general registration fees or shall have access to approved organization's member rate, whichever is lower.

Fees are to be assessed for **each date** a workshop is to be held with a discounted fee offered for each additional date (same program). For example, if the same workshop is to be held on two different occasions, there will be a fee for each workshop. The pay schedule is: \$350.00 for one date; \$450.00 for two dates; \$550.00 for three, etc. **The minimum fee is to be included with your completed application before the TPA PD Committee will review it.**

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## **IF YOU ARE APPROVED**

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Within 30 days of receipt of your proposal, Texas Psychological Association will email you a letter of approval, sample sign-in sheet(s), and sample post-program evaluation(s) for your approved workshop. It is your responsibility to reproduce these documents and supply them to your attendees.

Within 30 days following the event, approved entities/individuals are required to provide a summary of required evaluations of the event.

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## **IF YOU ARE NOT APPROVED**

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Within 30 days of receipt of your proposal, Texas Psychological Association will email a letter stating the decision not to approve your workshop and the reason substantiating this decision. If you wish to modify the application to address the committee's concerns, you must do so within 10 business days of the date the letter was emailed. Shortly thereafter, you will be notified of the final decision of the committee.

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## **TSBEP PROFESSIONAL DEVELOPMENT REQUIREMENTS**

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Texas State Board of Examiners of Psychologists requires each licensee to acquire 20 hours of Professional Development credit each year, 10 of which must be obtained by or endorsed by national, regional, state, or local psychological associations, public school districts, regional service centers for public school districts, or psychology programs at regionally accredited institutions of higher education.

Additionally, a minimum of 3 hours of the 20 must be in the areas of ethics, Board's Rules of Conduct, or professional responsibility, and a minimum of 3 hours in the area of cultural diversity (these include but are not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status).

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## **OTHER ENTITIES THAT RECOGNIZE TPA PD CREDIT**

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The Board of Licensed Professional Counselors and the Texas State Board of Examiners of Social Workers Examiners also recognize TPA Professional Development Credit.

## CONTACT PERSON FORM

**\*\*NOTE:** If this program has been approved by TPA within the past 12 months, you need not complete the Professional Development Application. Instead provide the requested information on this contact page and submit this form along with your payment:

Title of Program: \_\_\_\_\_

Date(s) Presented: \_\_\_\_\_

Name(s) of Presenter(s): \_\_\_\_\_

\_\_\_\_\_

### RESPONSIBLE PARTY:

Name: \_\_\_\_\_ TSBEP License # \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

\_\_\_\_\_  
(Signature of Responsible Party)

\_\_\_\_\_  
(Date)

**TITLE OF WORKSHOP/PD ACTIVITY:** \_\_\_\_\_

\_\_\_\_\_

**PROPOSED DATE OF ACTIVITY:** \_\_\_\_\_

**LOCATION OF ACTIVITY:** Facility: \_\_\_\_\_

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

**ORGANIZATION:** Are there any other organizations besides TPA that will be endorsing or approving this activity? (If so, please list organization's name and contact person/phone #).

\_\_\_\_\_

### CHECKLIST FOR PROPER RETURN OF COMPLETED PROPOSAL:

The following **MUST BE** received in the TPA central office at least 90 days prior to the PD event or 90 days prior to printing of advertising brochure if PD status is to be advertised.

- Contact Person Form
- Professional Development Application Form
- Brochures (if applicable)
- Vita
- Minimum payment due

# PROFESSIONAL DEVELOPMENT APPLICATION

According to the fee schedule above, my application is for:

- A private and/or for profit group
- An agency or association

1. TITLE OF WORKSHOP/PD ACTIVITY: \_\_\_\_\_

\_\_\_\_\_

2. PRESENTER(S): \_\_\_\_\_

\_\_\_\_\_

3. LENGTH OF WORKSHOP/PD ACTIVITY: (Round to the nearest half hour; do not include time spent in breaks.)

\_\_\_\_\_ hour(s)

4. SCHEDULE OF WORKSHOP/PD ACTIVITY.

Provide an hour by hour breakdown of your activity in terms of educational content presented, and the type of learning method used. Do not forget to include length of time needed for evaluations.

**Example:**

<u>TIME BLOCKS</u>	<u>EDUCATIONAL CONTENT</u>	<u>LEARNING METHOD</u>
9-10a.m.	Present cognitive model of depression	Lecture
10-11a.m.	Practice identifying cognitive distortions	Guided practice using worksheets
11-11:15a.m.	Break	
11:15-12:30p.m.	Summary & discussion; complete evaluations	Lecture/Discuss

TIME BLOCKS    EDUCATIONAL CONTENT                      LEARNING METHOD

5. **BROCHURE.** If a draft of the proposed brochure is available, please include it with this application. If not, please provide a brief description. In either case, be sure to include each of the following elements:

A. 3-5 Learning objectives:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

B. To what audience is the program aimed?

1. What professions, if any, other than psychologists are invited to attend?

2. At what skill level is the program geared? Advanced, Intermediate, Beginnerf

C. What is the cost of the program, including any additional fees or expenses that participants will be expected to assume (e.g., for workshop manuals or assessment devices necessary for program)? What is the refund policy?

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**The following information should also be included on any brochures:**

- D. Provide a schedule on the brochure, including starting and ending times as provided on #4 of this application.
- E. The credentials of the presenters (include highest degree earned and current position(s)).
- F. Indicate the number of PD credits offered for the activity.
- G. Include the following TPA statement in its entirety: *"This activity is approved by Texas Psychological Association. TPA is an approved provider of professional development approved by Texas State Board of Examiners of Psychologists to offer professional development for psychologists."*

6. **HANDOUTS.** Provide drafts of any handouts to be used in the proposed program. If these are not available, briefly describe the nature and intended purpose of any handouts below.

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8. **CERTIFICATE:** Attach a sample attendee certificate to include the following:

- Attendee name/degree
- Title of event
- Presenter(s)/degree(s)
- Date of event
- Signature or name of responsible party

9. **EVALUATION: Attach a sample attendee evaluation**

**10. ETHICAL CONSIDERATIONS**

If materials will be used in which privacy must be safeguarded, has that been achieved?  
\_\_\_\_\_yes \_\_\_\_\_no

Do you anticipate any ethical problems or stressful reactions during this presentation?  
\_\_\_\_\_yes \_\_\_\_\_no

If yes, please describe how you plan to handle these issues.

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Identify/describe any other ethical considerations associated with this presentation:

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**11. Curricula Vitae. Please attach a vita for each presenter that includes educational background, current/former position(s) with dates, publications, presentations, and relevant experience.**

**12. PREVIOUS PRESENTATION.** If you have previously presented this workshop, please complete the information below for the two most recent presentations:

**A. Sponsoring Organization:**

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Number of Participants: \_\_\_\_\_ Date Held: \_\_\_\_\_

**B. Sponsoring Organization:**

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Number of Participants: \_\_\_\_\_ Date Held: \_\_\_\_\_

**SUBMISSION OF PROPOSAL.**

Your signature below acknowledges that all submitted information is correct and grants permission to TPA to verify this information from applicable sources as a condition for acceptance.

Your signature below also permits TPA to provide a copy of this proposal or information contained and any subsequent participant evaluation data to future groups who may wish to consider scheduling this workshop for a future presentation or verify data obtained by TPA in the evaluation and presentation of this workshop.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_