

**Virginia Academy of Clinical Psychologists  
Application for Approval of Continuing Education Activities**

**Organization:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Point Person:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Title of Workshop:** \_\_\_\_\_

**Date of Workshop:** \_\_\_\_\_

**Brief Description of Program:** \_\_\_\_\_

**Schedule/Format of Program:** \_\_\_\_\_

**List Educational Objectives:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Length of Workshop:** \_\_\_\_\_

**Number of CE Credits to be awarded:** \_\_\_\_\_

**Is there a prerequisite for participants?** \_\_\_\_\_

**Who will monitor attendance at the program?** \_\_\_\_\_

**How is the content of the program directly relevant, useful and important for psychological Practice, teaching or research?** \_\_\_\_\_

**Presenter(s):** \_\_\_\_\_

**How have presenters demonstrated their ability to teach effectively:** \_\_\_\_\_

**If case material is to be presented, what safeguards will be used to protect confidentiality?** \_\_\_\_\_

**This applicant agrees that this activity will be conducted in a manner consistent with APA Ethical Principles of Psychologists and agrees to offer this activity in an accessible facility and to conduct the CE activity so as to safeguard confidentiality or materials used in the program. This program must be offered directly and solely by one of VACP's regional academies.**

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Attach to the application:  
CVs for each presenter**

**Submit to VACP Central Office, 4461 Cox Road, Suite 110, Glen Allen, VA 23060.**