

**SPONSOR'S APPLICATION FOR CONTINUING PROFESSIONAL EDUCATION**

**OKLAHOMA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**  
**201 NE 38<sup>th</sup> Terrace, Suite 3**  
**Oklahoma City, OK 73105**  
**405/524-9094**

1. **TITLE OF PRESENTATION:** \_\_\_\_\_  
\_\_\_\_\_
2. **SPONSOR:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE NUMBER:** \_\_\_\_\_  
**CONTACT PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_
3. **NAMES OF SPEAKERS AND CREDENTIALS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **DATE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_
5. **TARGETED AUDIENCE:** \_\_\_\_\_  
\_\_\_\_\_
6. **PSYCHOLOGICAL BASIS: DESCRIBE THE PSYCHOLOGICAL BASIS FOR THIS CONTINUING EDUCATION ACTIVITY. INCLUDE REFERENCES TO SUPPORTIVE LITERATURE FROM PUBLICATIONS OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION OR THE AMERICAN PSYCHOLOGICAL SOCIETY. ATTACH ADDITIONAL PAGES AS NECESSARY.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **NUMBER OF HOURS OF CPE CREDITS REQUESTED:** \_\_\_\_\_  
\*Time allotted for registration and breaks will not be counted for CPE hours.
8. **EDUCATIONAL OBJECTIVE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. **HOW WILL THE PRESENTATION BE EVALUATED?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. **PARTICIPANT FEES:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE AGENDA**  
**AND THE SPEAKER'S VITAE ALONG WITH \$25.00 APPLICATION FEE**

**CONSIDERATION FOR CPE CREDITS WILL ONLY BE GIVEN TO THOSE COMPLETING THIS APPLICATION. IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION, CONTACT SUE FLEMING AT THE BOARD OFFICE.**