

Short Guide to Completing Applications for Continuing Education Credits

Weill Cornell Medicine's Psychology Continuing Education (CE) Committee is honored to be hosting your upcoming presentation. To allow us to offer CE credits to psychologists and social workers who attend, we ask you to complete a brief online form. The information you submit via the form will be reviewed by two members of the Psychology CE Committee to confirm that it meets criteria set out by both New York State's Office of Professions and the American Psychological Association (APA). These criteria relate to scientific rigor of the presentation content, learning goals, attention to diversity and inclusion, references, expertise of the presenter(s), and transparency regarding conflicts of interest. Some of the information you provide will be used to create flyers and announcements to advertise the event (to see a sample flyer, scroll to page 2).

We estimate the submission will take you approximately one hour to complete. We suggest you review all required items detailed in the list below before beginning the submission. This will ensure that your application is approved in a timely manner without need for modifications.

- Title of presentation/workshop/course
- Date(s) and time(s)
- Format (in person vs. virtual vs. hybrid)
- Name(s), credential(s), and email(s) of speaker(s)
- Name(s) and email(s) of the primary point of contact. This person will be designated as the course director.
- Headshot of speaker(s) in digital form (e.g., jpg or png)
- Short bio summarizing the title/position and expertise of the speaker(s). To see sample bios, scroll to page 3.
- Curriculum vitae of each speaker (MS Word or PDF document)
- Details of any conflicts of interest (i.e., name of entity and speaker's role or relationship to the entity)
- Abstract (i.e., 6 to 8 sentences covering details such as: background, purpose and learning goals, scope, and target audience). To see sample abstracts, scroll to page 4.
- Three learning objectives. These should focus on measurable outcomes for the learner and must use action verbs from the approved list below. We suggest you begin with the statement: "At the end of the workshop, the learner will be able to:" To see sample learning objectives, scroll to page 5. For more detailed guidelines, to be used in writing learning objectives, scroll to page 6.
 - **Approved Verbs for Learning Objectives:** analyze, apply, assess, compare, compile, compute, create, critique, demonstrate, describe, design, discuss, explain, list, plan, predict, prepare, rate, recite, revise, select, use, utilize, write
- Three peer-reviewed references. These references should be publications that relate to the content of the talk. Each reference should be in American Psychological Association's (APA) format and have been published within the past 10 years. Although you can include book chapters and books on your reference list, please note that books and book chapters do not count towards the three peer-reviewed references that you will need. For more information about APA style, see <https://apastyle.apa.org/>. To see instructions for converting references in PubMed to APA format, scroll to pages 7-8.
- Two ways the presentation/workshop will address diversity and inclusion. To see sample descriptions, scroll to page 9.

Should you wish to view blank copy of the online form before making your submission, it is appended at the end of this guide (pages 10-21).

Sample Flyer

Weill Cornell Medicine Psychiatry Psychology Grand Rounds



Thursday, December 11, 2025
12:00pm-1:00pm



Where: Live Online
https://www.eeds.com/sign_in.aspx?Sign_in_Code=43rosy



*1 CE credit available to WCM Department of Psychiatry full-time and voluntary faculty Psychologists, Social Workers and LMHCs, who attend the entire lecture, sign in via the EEDS system, and who complete an evaluation through EEDS within 30 days of the final session. Please contact womppsychiatryce@med.cornell.edu for additional CE information.



Please create a free EEDS account using your institutional email at least 24 hours before the lecture at https://www.eeds.com/hp_signup.aspx. Instructions for how to sign in to EEDS will be shared on the day of the event. Please contact womppsychiatryce@med.cornell.edu for questions about setting up an EEDS account, or for additional CE information.

Elissa Kozlov, PhD

Assistant Professor
Population Aging Concentration Director



Financial Disclosure: Dr. Kozlov has no relevant financial relationship(s) with ineligible companies to disclose and DOES NOT INTEND to discuss off-label or investigational use of products or services.

Elissa Kozlov, Ph.D., is an assistant professor and the Director of Population Aging in the Department Health Behavior, Society, and Policy at the Rutgers School of Public Health. She received her doctoral degree from Washington University in St. Louis in clinical psychology and aging and developmental psychology. Following graduate school, she completed an internship in geropsychology at the Palo Alto Veterans Affairs Medical Center in Palo Alto, California. She then pursued a T32 fellowship at Weill Cornell Medicine in Behavioral Geriatrics. Dr. Kozlov focuses on improving psychological outcomes for older adults and adults with serious illness and their care partners. Dr. Kozlov completed a KL2 grant to pilot mHealth mindfulness therapy with caregivers of older adults with cognitive impairment to determine its feasibility, acceptability, and preliminary efficacy at improving quality of life and reducing caregiver stress, anxiety, and depression. She is currently funded by a K76 Beeson Career Development Award for leaders in clinical aging to study dyadic mHealth mindfulness therapy for older adults with serious illness and their care partners and an R34 from NIMH to adapt DBT for suicide prevention for older adults living with HIV to be delivered via AI-chatbot and video.

MENTAL HEALTH AND PALLIATIVE CARE

ABSTRACT

Psychological distress is prevalent among adults with serious illness and their caregivers, yet mental health remains underintegrated in palliative care delivery. This talk highlights a programmatic line of research aimed at alleviating psychological suffering at the end of life through systematic review, national survey, and intervention development. Meta-analytic findings indicate that palliative care interventions have limited impact on psychological distress, though variability in intervention type and delivery remains high. A national survey of over 700 hospice and palliative medicine clinicians revealed limited access to mental health consultation, few formal protocols for suicidality, and inconsistent use of validated screening tools. These structural gaps underscore the urgent need for scalable, evidence-based approaches. Novel interventions, including mHealth mindfulness programs for caregivers and seriously ill dyads, demonstrate feasibility and acceptability. Together, these studies illuminate pathways to integrate evidence-based psychological care into routine palliative practice and reduce avoidable suffering at the end of life.

LEARNING OBJECTIVES

1. Describe the prevalence and impact of psychological distress among adults with serious illness and their caregivers, and explain why mental health care is a critical component of high-quality palliative care.
2. Identify current gaps in psychological care within hospice and palliative care settings.
3. Evaluate emerging, scalable interventions that aim to improve psychological well-being and reduce disparities in access to mental health care for seriously ill patients and caregivers.

REFERENCES

1. Kozlov, E., McDarby, M., Reid, M. C., & Carpenter, B. D. (2017). Knowledge of Palliative Care among Community-Dwelling Adults. *American Journal of Hospice and Palliative Medicine*, 33(4), 647-651. <https://doi.org/10.1177/1049801017728725>

2. Shalev, D., Robbins-Weltz, G., Elwebelein, M., Mooley, J., Riffin, C., Reid, M. C., & Kozlov, E. (2023). Mental Health Integration and delivery in the hospice and palliative medicine setting: a national survey of clinicians. *Journal of Pain and Symptom Management*, 63(1), 77-87. <https://doi.org/10.1016/j.jpainsymman.2023.09.025>

3. Nowels, M. A., Kalra, S., Duberstein, P. R., Cooley, E., Samolyk, B., George, L., & Kozlov, E. (2023). Palliative Care Interventions: Effects on Psychological Distress: A Systematic Review & Meta-Analysis. *Journal of Pain and Symptom Management*, 66(1), e191-e210. <https://doi.org/10.1016/j.jpainsymman.2023.02.001>

4. Llanca, D. H., Llanca, A. J., & Kozlov, E. (2022). Perceived Benefits and Barriers of mHealth Mindfulness Use for Caregivers of Older Adults with Cognitive Impairment: A Qualitative Exploration. *Clinical Gerontologist*, 42(1), 60-77. <https://doi.org/10.1080/07317785.2022.2184728>

5. Kozlov, E., McDarby, M., Pagan, I., Llanca, D., Owen, J., & Duberstein, P. (2021). The feasibility, acceptability, and preliminary efficacy of an mHealth mindfulness therapy for caregivers of adults with cognitive impairment. *Aging & Mental Health*, 25(10), 1963-1970. <https://doi.org/10.1080/13601389.2021.1963949>

Weill Cornell Medicine (WCM) Department of Psychiatry, 520 E 68th St. New York, NY 10065, is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0182. WCM Department of Psychiatry is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors #MHC-0302. Weill Cornell Medicine - Department of Psychiatry is approved by the American Psychological Association to sponsor continuing education for psychologists. Weill Cornell Medicine - Department of Psychiatry maintains responsibility for this program and its content. The New York Presbyterian Hospital Department of Social Work is recognized by New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0295.

This event is hosted by the WCM Academy of Behavioral Health and Continuing Education. Information regarding CE program please visit the WCM CE website: <https://psychiatry.weill.cornell.edu/education-training/continuing-education>. For additional questions contact womppsychiatryce@med.cornell.edu.

Sample Bios

Example # 1 – One speaker

Elissa Kozlov, Ph.D., is an assistant professor and the Director of Population Aging in the Department Health Behavior, Society, and Policy at the Rutgers School of Public Health. She received her doctoral degree from Washington University in St. Louis in clinical psychology and aging and developmental psychology. Following graduate school, she completed an internship in geropsychology at the Palo Alto Veterans Affairs Medical Center in Palo Alto, California. She then pursued a T32 fellowship at Weill Cornell Medicine in Behavioral Geriatrics. Dr. Kozlov focuses on improving psychological outcomes for older adults and adults with serious illness and their care partners. Dr. Kozlov completed a KL2 grant to pilot mHealth mindfulness therapy with caregivers of older adults with cognitive impairment to determine its feasibility, acceptability, and preliminary efficacy at improving quality of life and reducing caregiver stress, anxiety, and depression. She is currently funded by a K76 Beeson Career Development Award for leaders in clinical aging to study dyadic mHealth mindfulness therapy for older adults with serious illness and their care partners and an R34 from NIMH to adapt DBT for suicide prevention for older adults living with HIV to be delivered via AI-chatbot and video.

Example # 2 – One speaker

Dr. Thomas Kim is a Fellow of Psychology at Weill Cornell Medical College. Dr. Kim received his bachelor's degree from Swarthmore College, his Ph.D. in Clinical Psychology from the University of Pennsylvania, and completed his clinical internship at Weill Cornell Medicine. He is interested in predictive modeling of mental health treatment outcome, patient-reported outcome measures, and treatment for treatment-resistant depression.

Example # 3 – Two speakers

Stephanie Rohrig, Ph.D. is an assistant professor of clinical psychology (in Psychiatry) at New York-Presbyterian/Weill Cornell Medicine. Dr. Rohrig is the Attending Psychologist in the NYP Adolescent and Adult Partial Hospitalization Programs, where she collaborates on program development and clinical training for psychology and psychiatry trainees. Dr. Rohrig specializes in CBT and DBT for adolescents and young adults with anxiety, depression, emotion dysregulation, school avoidance, and related mental health concerns. Her research focuses on school avoidance in youth and she is developing a treatment guide for intensive, group-based interventions for school avoidance in youth.

Anthony Puliafico, Ph.D. is an associate professor of medical psychology (in Psychiatry) in the Division of Child and Adolescent Psychiatry at Columbia University. He serves as director of CUCARD Westchester, an outpatient clinic in Tarrytown, NY specializing in the treatment of anxiety and related disorders. Dr. Puliafico also directs CUCARD Westchester's Anxiety Day Program, which provides daily treatment programming for adolescents with anxiety, OCD, and school avoidance. Dr. Puliafico is an expert in the assessment and cognitive-behavioral treatment of anxiety, mood, and externalizing disorders. His clinical work and research have focused on the treatment of pediatric OCD, school avoidance, adapting treatments for young children with anxiety, and mental health issues in the context of climate change.

Sample Abstracts

Example # 1

Psychological distress is prevalent among adults with serious illness and their caregivers, yet mental health remains under-integrated in palliative care delivery. This talk highlights a programmatic line of research aimed at alleviating psychological suffering at the end of life through systematic review, national survey, and intervention development. Meta-analytic findings indicate that palliative care interventions have limited impact on psychological distress, though variability in intervention type and delivery remains high. A national survey of over 700 hospice and palliative medicine clinicians revealed limited access to mental health consultation, few formal protocols for suicidality, and inconsistent use of validated screening tools. These structural gaps underscore the urgent need for scalable, evidence-based approaches. Novel interventions, including mHealth mindfulness programs for caregivers and seriously ill dyads, demonstrate feasibility and acceptability. Together, these studies illuminate pathways to integrate evidence-based psychological care into routine palliative practice and reduce avoidable suffering at the end of life.

Example # 2

Prior research on the evaluation of mental health treatments has largely ignored patient perspectives, instead relying on the reduction in symptom severity scores. We explore patient-reported outcome measures in the context of treatments for depression, specifically what symptom changes patients value and the trajectory of side effects during the course of antidepressant treatment. We also attempt to provide some insight into a patient's satisfaction with their course of treatment for depression, using only their depression symptom severity scores.

Sample Text - Learning Objectives

Example # 1

At the end of the presentation [or workshop], learners will be able to:

1. Describe the prevalence and impact of psychological distress among adults with serious illness and their caregivers, and explain why mental health care is a critical component of high-quality palliative care.
2. Identify current gaps in psychological care within hospice and palliative care settings.
3. Evaluate emerging, scalable interventions that aim to improve psychological well-being and reduce disparities in access to mental health care for seriously ill patients and caregivers.

Example # 2

At the end of the presentation [or workshop], learners will be able to:

1. Identify which depression symptom changes patients value in their course of treatment for depression.
2. Apply methodology to understand their patient's level of satisfaction with their course of treatment.
3. Assess whether their patient might be at risk of dropout from their antidepressant medication for depression

Additional Guidelines for Writing Learning Objectives



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Education Directorate

Guidance for Writing Behavioral Learning Objectives

There are key components of well-written behavioral learning objectives that – when incorporated – allow for an optimal, articulated experience for learners. Consider using the below checklist when developing your objectives.

Are my learning objectives:

- **observable and measurable** (i.e., use action verbs that describe measurable behaviors)?
- statements that clearly describe what the learner will know or be able to do **as a result** of having attended an educational program or activity?
- focused on the learner?
- appropriate in breadth (not too few *or* too many – e.g., 3-4 objectives for a four-hour program)?
- sufficient in depth (at the **postdoctoral** level for psychologists and **clearly articulated** – e.g., does the **whole** of the objective make sense and is it appropriate for CE)?
- fully linked to: (a) the program narrative, (b) adequate references that support content, & (c) are listed on promotional materials?

Verbs to consider when writing learning objectives	Verbs to avoid when writing learning objectives
✓ list, describe, recite, write, identify	⊗ know, understand
✓ compute, discuss, explain, predict	⊗ learn, appreciate
✓ apply, demonstrate, prepare, use	⊗ become aware of, become familiar with
✓ analyze, design, select, utilize	
✓ compile, create, plan, revise	
✓ assess, compare, rate, critique	

Example of well-written learning objectives for a 4-hour CE session on hypnosis and pain:

At the end of this workshop, the learner will be able to:

1. Describe 3 key aspects of basic hypnosis theory and technique;
2. Explain differences between demonstrations of hypnotic technique and phenomena;
3. Identify 2 differences between acute and chronic pain; and
4. Demonstrate effective use of hypnosis in controlling acute pain.

Notes: For additional guidance on learning objectives, refer to the Standards and Criteria ([Standard C, Educational and Technical Assistance](#)). And, for further clarification on linking objectives, content, and promotional materials please refer to our "[What Should I Know about Standard D?](#)" resource.

How to Convert PubMed Journal Article References to APA Format

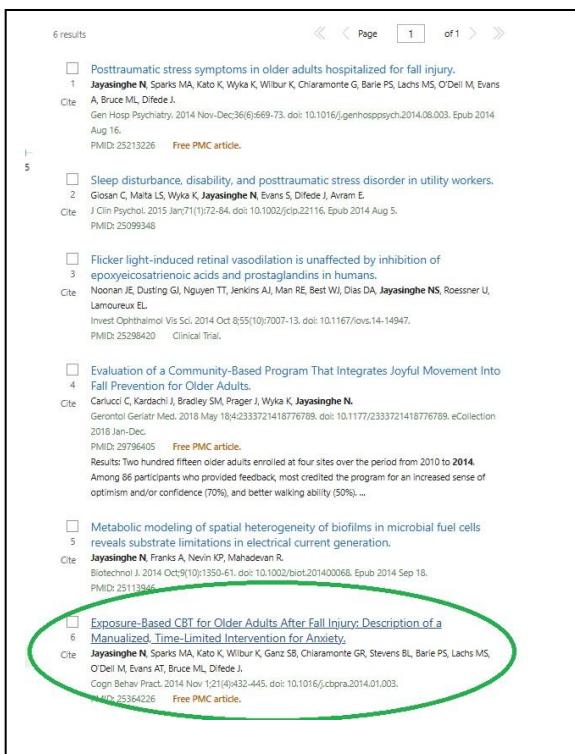
Step 1 – Go to PubMed at: <https://pubmed.ncbi.nlm.nih.gov/>

Step 2 – Search for the reference, e.g., using last and first name of first author



The screenshot shows the PubMed homepage with a search bar containing 'Jayasinghe N 2014'. Below the search bar are buttons for 'Advanced' and 'Search'. A message at the bottom states: 'PubMed® comprises more than 39 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full text content from PubMed Central and publisher web sites.'

Step 3 – Select the article from the search results



The screenshot shows the search results for 'Jayasinghe N 2014'. There are 6 results listed. The 6th result, 'Exposure-Based CBT for Older Adults After Fall Injury: Description of a Manualized, Time-Limited Intervention for Anxiety', is circled in green. The results are as follows:

- 1 Posttraumatic stress symptoms in older adults hospitalized for fall injury. Jayasinghe N, Sparks MA, Kato K, Wyka K, Wilbur K, Chiaromonte G, Barie PS, Lachs MS, O'Dell M, Evans A, Bruce ML, Difede J. *Gen Hosp Psychiatry*. 2014 Nov-Dec;36(6):669-73. doi: 10.1016/j.genhosppsych.2014.08.003. Epub 2014 Aug 16. PMID: 25213226. [Free PMC article.](#)
- 2 Sleep disturbance, disability, and posttraumatic stress disorder in utility workers. Giosan C, Malta LS, Wyka K, Jayasinghe N, Evans S, Difede J, Avram E. *J Clin Psychol*. 2015 Jan;71(1):72-84. doi: 10.1002/jclp.22116. Epub 2014 Aug 5. PMID: 25099348.
- 3 Flicker light-induced retinal vasodilation is unaffected by inhibition of epoxyeicosatrienoic acids and prostaglandins in humans. Nooran JE, Dusting GJ, Nguyen TT, Jenkins AJ, Man RE, Best WM, Dias DA, Jayasinghe NS, Roessner U, Lamoureux EL. *Invest Ophthalmol Vis Sci*. 2014 Oct 8;55(10):7007-13. doi: 10.1167/iovs.14-14947. PMID: 25298420. [Clinical Trial.](#)
- 4 Evaluation of a Community-Based Program That Integrates Joyful Movement Into Fall Prevention for Older Adults. Carucci C, Kardach J, Bradley SM, Prager J, Wyka K, Jayasinghe N. *Gerontol Geriatr Med*. 2016 May 10;2333721416776789. doi: 10.1177/2333721416776789. eCollection 2016 Jan-Dec. PMID: 29796405. [Free PMC article.](#)
- 5 Metabolic modeling of spatial heterogeneity of biofilms in microbial fuel cells reveals substrate limitations in electrical current generation. Jayasinghe N, Franks A, Nevin KP, Mahadevan R. *Biootechnol J*. 2014 Oct;9(10):1350-61. doi: 10.1002/biot.201400066. Epub 2014 Sep 18. PMID: 25113986.
- 6 **Exposure-Based CBT for Older Adults After Fall Injury: Description of a Manualized, Time-Limited Intervention for Anxiety.** Jayasinghe N, Sparks MA, Kato K, Wilbur K, Ganz SB, Chiaromonte GR, Stevens BL, Barie PS, Lachs MS, O'Dell M, Evans AT, Bruce ML, Difede J. *Cogn Behav Pract*. 2014 Nov 1;21(4):432-445. doi: 10.1016/j.cbpra.2014.01.003. PMID: 25364226. [Free PMC article.](#)

Continued next page . . .

Step 4 – Click the “Cite” button on the upper righthand side of the screen



► Cogn Behav Pract. 2014 Nov 1;21(4):432-445. doi: 10.1016/j.cbpra.2014.01.003.

Exposure-Based CBT for Older Adults After Fall Injury: Description of a Manualized, Time-Limited Intervention for Anxiety

Nimal Jayasinghe ¹, Martha A Sparks ¹, Kaori Kato ¹, Kaitlyn Wilbur ¹, Sandy B Ganz ², Gabrielle R Chiaromonte ², Bradford L Stevens ³, Philip S Barie ³, Mark S Lachs ³, Michael O'Dell ¹, Arthur T Evans ¹, Martha L Bruce ⁴, JoAnn Difede ⁴

Affiliations + expand

PMID: 25364226 PMCID: PMC4214866 DOI: 10.1016/j.cbpra.2014.01.003

Abstract

Fall accidents among older adults can be devastating events that, in addition to their physical consequences, lead to disabling anxiety warranting the attention of mental health practitioners. This article presents “Back on My Feet,” an exposure-based cognitive-behavioral therapy (CBT) protocol that is designed for older adults with posttraumatic stress disorder (PTSD), subthreshold PTSD, or fear of falling resulting from a traumatic fall. The protocol can be integrated into care once patients have been discharged from hospital or rehabilitation settings back to the community. Following a brief description of its development, the article presents a detailed account of the protocol, including patient evaluation and the components of the eight home-based sessions. The protocol addresses core symptoms of avoidance, physiological arousal/anxiety, and maladaptive thought patterns. Because older patients face different coping challenges from younger patients (for whom the majority of evidence-based CBT interventions have been developed), the discussion ends with limitations and special considerations for working with older, injured patients. The article offers a blueprint for mental health practitioners to address the needs of patients who may present with fall-related anxiety in primary care and other medical settings. Readers who wish to develop their expertise further can consult the online appendices, which include a clinician manual and patient workbook, as well as guidance on additional resources.

Keywords: anxiety; older adults; prolonged exposure therapy; unintentional falls.

PAGE NAVIGATION

◀ Title & authors
Abstract
Figures
Similar articles
Cited by
References
Related information
Grants and funding
LinkOut - more resources

Step 4 – After making sure the “Format” is set to “APA”, copy and paste reference to your bibliography



► Cogn Behav Pract. 2014 Nov 1;21(4):432-445. doi: 10.1016/j.cbpra.2014.01.003.

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CITE

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Copy Download ebsi Format: APA

Sample Text - Addressing Diversity & Inclusion

Example # 1 – from Elisa Koslov's talk

I will describe how psychological and behavioral interventions for patients and caregivers are being adapted to meet the needs of diverse populations, including older adults from racially, ethnically, and socioeconomically varied backgrounds. This includes using evidence-based frameworks to ensure that digital and behavioral health tools are culturally responsive and accessible to users with differing literacy levels, language preferences, and caregiving contexts. I will highlight efforts to recruit and include participants from underrepresented groups in ongoing clinical and digital intervention studies, emphasizing the importance of inclusive sampling and dissemination strategies to ensure that evidence-based psychological care benefits all populations living with serious illness.

Example # 2 – from Thomas Kim's talk

This lecture will present findings from the extant literature on change trajectories during treatment with respect to diversity factors including socioeconomic status and minority status. As an example, lower socioeconomic status has been associated with a slower rate of improvement in treatment for depression among adults. In addition, non-white status has been associated with less pronounced symptom improvement over standard 12-week treatment periods compared to White patients.

Please note the material provided below will be used for promotional materials

Title of Talk:

Does your lecture qualify for the following (check all that apply):

- professional ethics (laws, rules and regulations for practice in NY state)
- Appropriate professional boundaries (NY state requirement)
- Use of technology in psychology (PsyPact requirement)
- Domestic Violence (NJ state requirement)
- Opioid Use (NJ state requirement)
- Veterans (CT state requirements)
- lecture does not qualify

Date of Talk

mm/dd/yyyy

Time of Talk

For multi-date events, list all dates below (mm/dd/yyyy, mm/dd/yyyy, ...)

Event Format (in person, hybrid, etc) and the location of the event (if applicable)

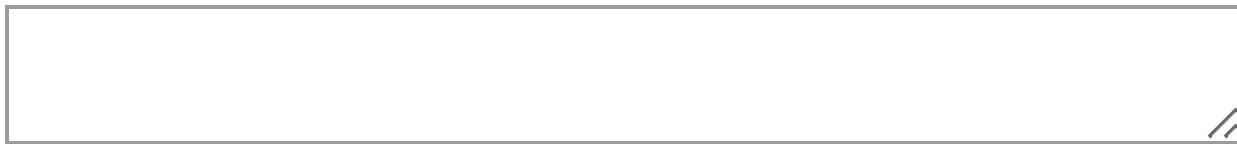
Name and Credentials of Speaker(s) (e.g., John Smith, PhD, Mary Jones, MD)

Speaker's Email Address

Name(s) and email(s) of the course directors (co-directors) or primary point of contact for lecture:

Please upload a profile picture (headshot to be used in flyer):

Short abstract (max 6-8 sentences) of presentation topic



//

In the past 24 months, I have had financial relationships with any companies/organizations.

- No
- Yes

If YES...

- a) Enter the Name of Ineligible Company or Organization (An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients)

- b) Enter the Nature of Financial Relationship (Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.)


In my presentation, I plan to discuss products, services or unlabeled/unapproved use of drugs from any or all of the companies listed above.

Yes. Please describe the products, services and/or unlabeled/unapproved use of drugs that you plan to discuss in your presentation below:

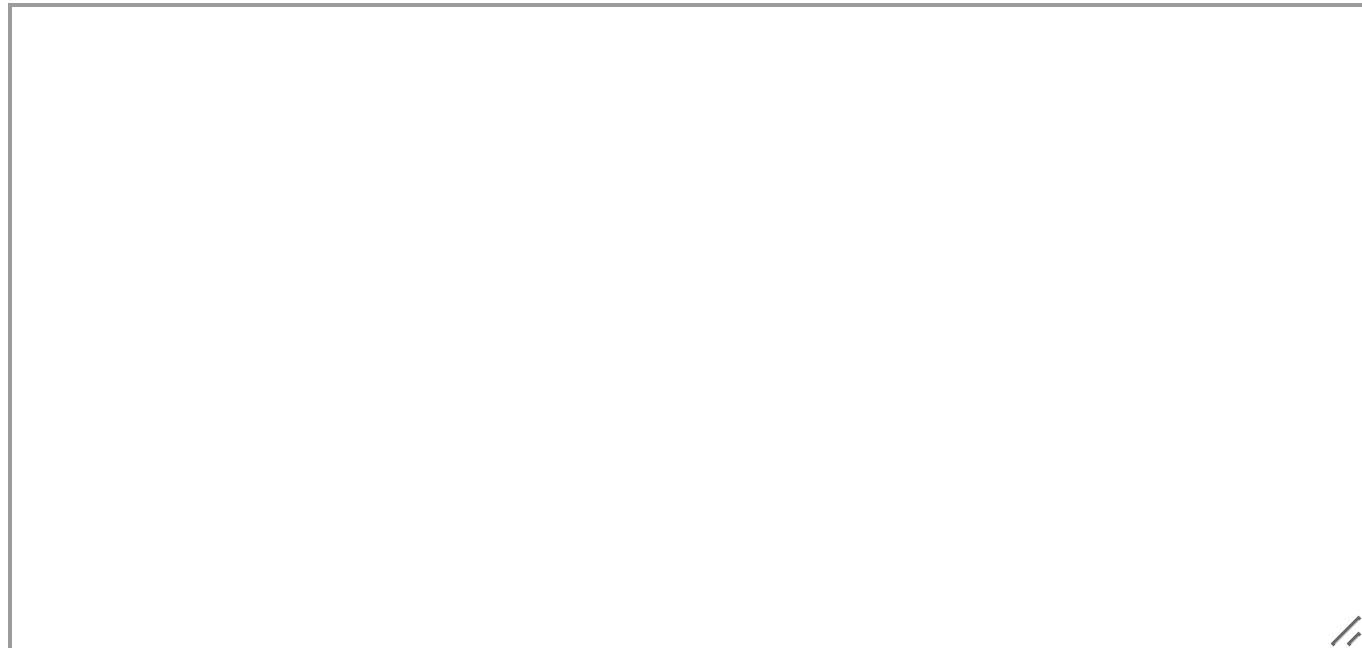
No

Please describe 2 ways that you will address issues of diversity and inclusion (e.g., cultural, racial, ethnic, socioeconomic, and gender differences) in your presentation. Please note the presence of explicit reference to diversity issues will be evaluated by attendees in a post-lecture questionnaire:



//

References: please list at least 3 articles from peer-reviewed journals (within the last 10 years) relevant to the presentation topic:



//

Short speaker bio, including your current title/position and including information indicating your expertise in the area

you are presenting upon:



A copy of your full CV and the CV of any additional speakers (Please note CVs should include information on lecture content expertise).

Click [here](#) for more information on what constitutes content

expertise:

<https://www.apa.org/ed/sponsor/resources/curriculum-vitae-guidance-establishing-expertise.pdf>

Upload additional CVs here:



Education Directorate

Guidance for Writing Behavioral Learning Objectives

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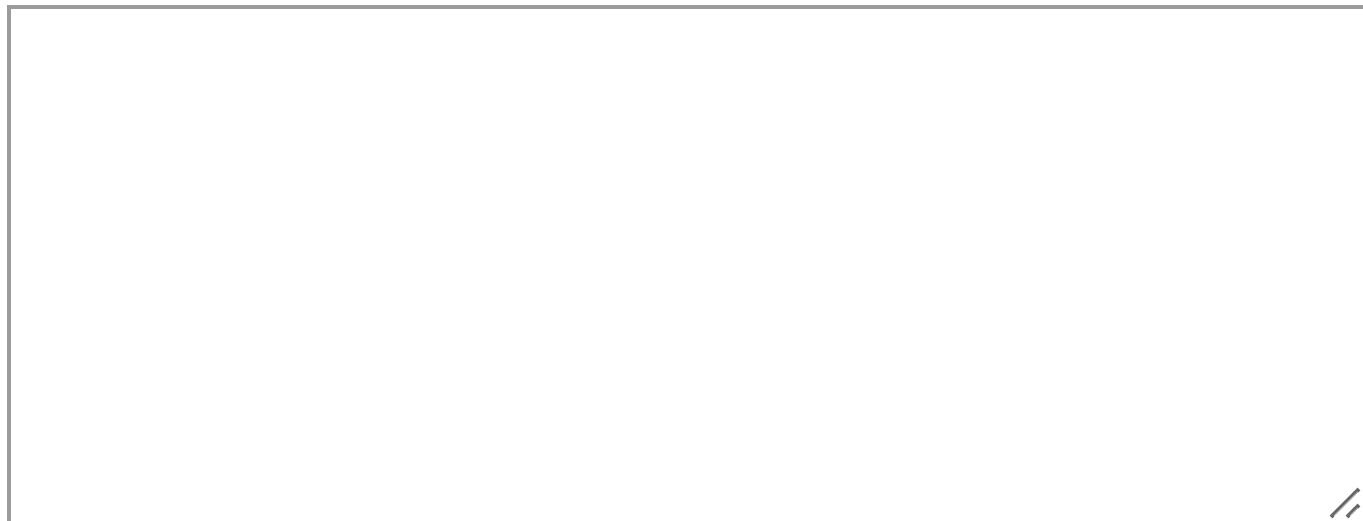
Example of well-written learning objectives for a 4-hour CE session on hypnosis and pain:

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3. Identify 2 differences between acute and chronic pain; and
4. Demonstrate effective use of hypnosis in controlling acute pain.

Notes: For additional guidance on learning objectives, refer to the Standards and Criteria ([Standard C, Educational and Technical Assistance](#)). And, for further clarification on linking objectives, content, and promotional materials please refer to our "[What Should I Know about Standard D?](#)" resource.

3-4 learning objectives (see appendix for writing guidelines). Please note that you can only use these approved verbs for learning objectives: analyze, apply, assess, compare, compile, compute, create, critique, demonstrate, describe, design, discuss, explain, list, plan, predict, prepare, rate, recite, revise, select, use, utilize, write

A large, empty rectangular box with a thin gray border, intended for the user to type or write their learning objectives.

Presenter Consent for WCM to use presentation and materials (Only relevant for sessions that will be recorded for asynchronous learning):

[Consent form to use educational materials](#)

Signature for presentation materials share consent (Only required for sessions that will be recorded for asynchronous

learning):



A rectangular digital signature field with a thin gray border. Inside, the text 'SIGN HERE' is displayed in large, bold, gray capital letters. To the left of the text is a small 'X' icon. Below the text is a horizontal line for signing. To the right of the line is a blue 'clear' button.

I attest to the accuracy of the materials and content to be presented as part of this lecture/workshop:

- Yes

Please note that speakers are expected to inform participants of the limitations of the content presented, and to include contradictory evidence and their sources.

- I agree

We collect data from attendees following each lecture to assess our CE program and to gather feedback about the

lecture/program for internal use. Would you like a copy of your lecture evaluation following your talk?

- Yes
- No

Would you like your lecture to be used as asynchronous learning material (e.g., recorded and made available for self-study)? If you select "yes" a separate addendum survey will be provided so we can collect your consent and additional details.

- Yes
- No