

## Continuing Education (CE) for Psychologists Training Evaluation & Credit Claim Form

Department of Psychiatry Grand Rounds

Please complete this evaluation and submit to obtain your Certificate of Completion

Training Date: \_\_\_\_\_

Training Topic: \_\_\_\_\_

Instructor/Presenter: \_\_\_\_\_

### Participant Information:

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Please circle one: PhD PsyD Other \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Email Address (Certificate of Completion will be sent to this email): \_\_\_\_\_

| Did the training meet the stated goals and objectives?<br>How would you rate the following?:   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|----------------|-------|---------|----------|-------------------|
| 1. The instructor was knowledgeable about subject matter                                       |                |       |         |          |                   |
| 2. The instructor was able to effectively communicate ideas and content                        |                |       |         |          |                   |
| 3. The instructor was prepared and organized   |                |       |         |          |                   |
| 4. The instructor responded well to participants needs and questions                           |                |       |         |          |                   |
| 5. The instructor provided a comprehensive overview of the topic area                          |                |       |         |          |                   |
| 6. The instructor provided a comprehensive scope of current research related to the topic area |                |       |         |          |                   |
| 7. The instructor helped to increase my understanding of the topic area                        |                |       |         |          |                   |
| 8. Your overall rating of the instructor's effectiveness                                       |                |       |         |          |                   |
| 9. Your overall rating of the training location and facilities                                 |                |       |         |          |                   |
| 10. I would recommend this training to others in the field                                     |                |       |         |          |                   |
| 11. I found this training helpful to my professional work as a psychologist                    |                |       |         |          |                   |

Comments and any future training topics that would benefit you:

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**For NYS licensed psychologists to claim CE credits, please return the completed evaluation via mail or email to:**

Stephanie M. Ficarro, Psy.D.

Coordinator of Continuing Education for Psychology

120 West Eagle Street – Department of Mental Health

Buffalo, New York 14202

[smficarr@buffalo.edu](mailto:smficarr@buffalo.edu)

**\*Certificate of Completion will be sent electronically to the participant email address noted on this form within 2 – 4 weeks**