

**Continuing Education (CE) for Psychologists Training Evaluation & Credit Claim Form**  
18<sup>th</sup> Annual Comprehensive Review of Psychiatry Conference  
September 14 & 15, 2023

**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): \_\_\_\_\_

Please indicate the number of hours you attended EACH session and enter the TOTAL in the box below (lower right):

Sessions	Maximum Credit Hours Per Session	ACTUAL Hours of Attendance Per Session
<b>September 14, 2023</b>		
10:10 – 11:10 AM	1.0	
11:10 AM – 12:10 PM	1.0	
1:00 – 2:00 PM	1.0	
2:00 – 3:00 PM	1.0	
3:15 – 5:15 PM	2.0	
<b>September 15, 2023</b>		
8:10 – 9:10 AM	1.0	
9:10 – 10:10 AM	1.0	
10:10 – 11:10 AM	1.0	
11:10 AM – 12:10 PM	1.0	
1:00 – 2:00 PM	1.0	
2:00 – 3:00 PM	1.0	
Please claim only the actual time spent in each session. Partial credit will not be given if full session not attended. You may earn <b>up to 12.0 CE credits total</b> for this program.		<b>TOTAL Hours of Attendance:</b>

Please complete the evaluation below for the entire program (total sessions attended):

Did the training program meet the stated goals and objectives? How would you rate the following?:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Instructors were knowledgeable about subject matter					
2. Instructors were able to effectively communicate ideas and content					
3. Instructors were prepared and organized					
4. Instructors responded well to participants needs and questions					
5. Instructors provided a comprehensive overview of the topic areas					
6. Instructors provided a comprehensive scope of current research related to the topic areas					
7. Instructors helped to increase my understanding of the topic areas					
8. Your overall rating of the instructors' effectiveness					
9. Your overall rating of the training location and facilities					
10. I would recommend this program 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)

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