

**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 select 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? 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 email to:**

Julia Moore at: [jmoore9@buffalo.edu](mailto:jmoore9@buffalo.edu)

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