All interested program developers must complete this form. If the course is a single workshop, complete the application as noted below. If the application is for a clinical program proposal; conference; study group; or other course with multiple-days or concurrent sessions, you must complete a new proposal for **EACH** session or course.

SUBMISSION INSTRUCTIONS

Upon completion of the proposal, complete the following steps:

1. Remove page 1.
2. Merge the attachments as appendices to your proposal (pdf) in the order provided at the end of this document.
3. Submit to Dr. Elia Tamplin at etamplin@wspdc.org.

REQUIRED ATTACHMENTS

Please ensure that you include the following documents (in .pdf format) as an appendix in this order:

Bibliography (5 minimum)
References must be from peer-reviewed journals, less that 10 years old, and in correct APA format. Do not include more than one source authored by the presenter or book chapters.

Updated CV/Resume (Speakers and Planning Committee)

Disclosure/Conflict of Interest (Speakers and Planning Committee)

Commitment to Ethics & Scientific Basis (Speakers only)

Bio of Expertise
A brief bio of expertise must be included for presenters. Degrees matter, but demonstrated expertise is key.

Minutes or memoranda
Meeting minutes or memorandum (a short narrative of 1-2 paragraphs) regarding the origin of this program and the and the process to develop the idea.

Optional documents to include

Sample Promotional Materials
If you have an idea of how you would like your promotional materials to be designed.

Sample Reading Materials
If you would like for your attendees to read before the event, please provide the reading(s) or a reading list to pair with promotional materials.

Sample Evaluation and Learning Assessment Tools

Documents from Potential Competition

WSP Program Proposal

Planning Committee Information

Point of Contact

Enter your name, email, and phone number. Also include your affiliation with WSP (i.e., active member, inactive member, or unaffiliated), professional affiliations, financial relationships, and degrees, professional license numbers, expirations dates, and states where they are valid.

Planning Committee

If you are not developing the program by yourself, enter the names, emails, and phone numbers of your committee members. Also include their affiliation with WSP (i.e., active member, inactive member, or unaffiliated), professional affiliations, financial relationships, and degrees, professional license numbers, expirations dates, and states where they are valid.

Proposed Program Information

Type (Mark "X" next to the type that best fits your proposed program)

New Course		Training Program		Study Group		Group/Individual Direct Contact		Seminar	
Conference		Workshop		Lecture		Film/**Book Discussion**		Other	

If "other" was selected, please describe.

Title

Description
Provide as robust a course and/or program description as you can. You will be asked to provide these later in the process if you do not have them at this time.

Proposed Agenda
Provide a detailed description of what you will do during the time allotted (including time for all segments, including breaks and meals this determines how many credit hours are available).

Date	Time	Total Contact Hours	Location		Delivery Mode	Proposed Format
Co-Sponsored? (**Yes** or **No**)		If so, provide the name of the co-sponsoring organization?				

CE Information

Number of CE/CME Credits Requested
Requirements for receiving CE credit(s)

Presenter Information

Full Name	Pronouns	Email	Phone Number
Additional Relevant information (e.g., financial relationships, degrees, professional license numbers, expirations dates, and states where they are valid)			

Full Name	Pronouns	Email	Phone Number
Additional Relevant information (e.g., financial relationships, degrees, professional license numbers, expirations dates, and states where they are valid)			

Full Name	Pronouns	Email	Phone Number
Additional Relevant information (e.g., financial relationships, degrees, professional license numbers, expirations dates, and states where they are valid)			

Full Name	Pronouns	Email	Phone Number
Additional Relevant information (e.g., financial relationships, degrees, professional license numbers, expirations dates, and states where they are valid)			

Full Name	Pronouns	Email	Phone Number
Additional Relevant information (e.g., financial relationships, degrees, professional license numbers, expirations dates, and states where they are valid)			

Program Justification

Intended Audience
Who would be interested in taking it? Provide a thoughtful explanation for why?

Program modifications
If offered before, please describe when, where, and factors contributing to its success. Also, share plans for tailoring the program to WSP.

Alignment with WSP
What can students, employees, and the public gain from offering this program? How will students and their clients benefit from engaging in your program?

Educational Component

General Education Category
Discuss how the content of the program relates to one of the following general education areas: 1) application of assessment and/or intervention methods; 2) ethical, legal, statutory, or regulatory policies, guidelines, and standards; or 3) other topics related to psychological practice, education, or research.

Learning Objectives
List LO's for this program. For help developing LO's, visit https://www.apa.org/ed/sponsor/resources/objectives.pdf.

Guidelines for determining LO's:

2-3 LO (1-3 hours)
3-4 LO (4-6 hours)
5-6 LO (7-8 hours)

Remember: Quality over quantity, particularly for those longer than 8 hours

Program Support

Budgetary Needs (e.g., honoraria, meals, lodging)
Briefly describe the budgetary support you will need for the proposed program. Will lunch be provided?

Staff Support
Briefly describe how the WSP staff can assist you before, during, and after the program

AV/Technology and Space Needs
Briefly describe what audio-visual, technology, and space you need for the proposed program.

Required Attachments

(Type "X" in the appropriate column.)	Attached	Not Attached
Bibliography (5 minimum) References must be from peer-reviewed journals, less that 10 years old, and in correct APA format. Do not include more than one source authored by the presenter or book chapters.		
Updated CV/Resume For everyone included in the planning and facilitation of the program.		
Disclosure/Conflict of Interest For everyone included in the planning and facilitation of the program. A new signed document must be submitted for every event.		
Commitment to Ethics & Scientific Basis For speakers only. A new signed document must be submitted for every event.		
Bio of Expertise For speakers only. A brief bio of expertise must be included for presenters. Degrees matter, but demonstrated expertise is key.		
Minutes or memoranda As a CEU provider we must document our planning process to comply with our accreditation. Therefore, all proposed continuing education activities must have a documented planning process. We require that you submit monthly attendance records, meeting minutes, and planning documents and that you provide minutes or memoranda to file regarding the origin of this program and the process to develop the idea.		

Note: As a CEU provider, we must require that all proposed continuing education activities have a documented planning process. If your program is approved, we require that you submit monthly attendance records, meeting minutes, and planning documents upon the completion of your program.