



MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

DIVISION OF PROFESSIONAL DEVELOPMENT

CONTINUING EDUCATION PLANNING INSTRUCTIONS

The Mississippi Department of Mental Health, Division of Professional Development is an approved provider of Continuing Education for the following professional credentials: Social Worker (MBOE), LPC/Counselor (NBCC), Alcohol and Drug Counselor (NAADAC), Continuing Medical Education (MSMA), CHES (Certified Health Education Specialist-NCHEC), Psychology (APA) and for the following DMH Credentials: Mental Health Therapist, Intellectual and Developmental Disabilities (IDD) Therapist, Addictions Therapist, Community Support Specialist, Certified Peer Support Specialist, Licensed Administrator.

Being a designated provider for each of these credentials acknowledges that we are held to the standards set forth by each of these separate credentialing boards. As such, the Division of Professional Development has established the following application criteria. Please carefully read and follow the instructions below.

PRE-CONFERENCE APPLICATION CHECKLIST

Completed Planning Form.

Planning Committee consisting of at least one licensed/ certified professional representing each discipline for which credit is being requested **AND** one member of the Division of Professional Development.

Completed and **Signed** A-1 form for each member of the planning committee.

Completed and **Signed** Presenter Packet for each presenter.

Curriculum Vitae or Resume for each presenter.

Timed Agenda (must directly coordinate with the time frames communicated on the presenter forms).

Promotional Material (including specific language and requirements as explained on pages 6- 7).

Submit the completed packet **no later than 60 days** prior to the event.

PLANNING FORM INSTRUCTIONS

The planning form is the initial application for those seeking Continuing Education credit. This form gives the Division of Professional Development an overview of the event that you will be planning.

1. Must be submitted no later than **60 days** prior to the event.
2. Complete all fields on the form.
3. Special Notes:
 - a. Planning Committee:
 - i. Must consist of at least one licensed/ certified professional representing each discipline for which credit is being requested. The responsibility of that designated professional is to ensure the appropriateness of the training content and that it is relative to their professional affiliation.
 - ii. List members of the planning committee and indicate their professional affiliation.

SECTION B. PLANNING	
Is there a registration fee?	No <input type="button" value="v"/>
Do you utilize online registration?	No <input type="button" value="v"/>
If yes, indicate amount of fee:	
If yes, please include web address:	
Planning Committee (Name and Professional Affiliation) List Below:	
Brittany Robinson, DMH Professional Development	
Michael Jordan, NHA, Licensed Administrator	



- iii. Each member of the planning committee must complete and **sign** the Professional Development A-1 form that is listed on the DMH website under “Resource Library” and “Continuing Education”. <http://www.dmh.ms.gov/resources/>
- iv. Please note** If you are planning to request Psychology credit, you must have a doctoral level psychologist (PhD) on your committee. If you are planning to request Continuing Medical Education credit, you must have a licensed physician (MD) on your committee.

- b. Continuing Education Credit:
 - i. Please select the credentials for which you are requesting credit by indicating “Yes” or “No”.

CONTINUING EDUCATION CREDIT. (Select Yes or No to indicate desired credit)	
(DMH) Mental Health Therapist	No <input type="button" value="v"/>
(DMH) Intellectual and Developmental Disabilities (IDD) Therapist	No <input type="button" value="v"/>
(DMH) Licensed Administrator	No <input type="button" value="v"/>
(DMH) Community Support Specialist	No <input type="button" value="v"/>
(DMH) Certified Peer Support Specialist	No <input type="button" value="v"/>
(DMH Addictions Therapist	No <input type="button" value="v"/>
Continuing Medical Education	No <input type="button" value="v"/>
Social Worker (MBOE)	No <input type="button" value="v"/>
Counselor/ LPC (NBCC)	No <input type="button" value="v"/>
Alcohol and Drug Counselor (NAADAC)	No <input type="button" value="v"/>
Psychologist (APA)	No <input type="button" value="v"/>
Certified Health Education Specialist (CHES)	No <input type="button" value="v"/>



PLANNER/ PRESENTER A-1

The A-1 form should be used by all planners and presenter’s (included in the presenter’s packet, seen later in these instructions) that are taking part in the organizing and production of a Continuing Education opportunity. This form identifies important aspects such as credentials and it also includes the necessary vested interest disclosure.

1. Complete all required fields. (Section C. Questions 4 and 5 are designed specifically for presenters.)
2. Special Notes:
 - a. Select Lead, Planner or Presenter to describe your role in the organizing of the CE opportunity. There should only be one button selected. Please see illustration below.

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
DIVISION OF PROFESSIONAL DEVELOPMENT
PLANNER/ PRESENTER A-1

Mississippi Department of Mental Health
DMH
Division of Professional Development

SECTION A. IDENTIFYING INFORMATION

Name:	Title of Presentation:
Title of Conference:	Date of Presentation:
Select the option that best describes your role:	<input checked="" type="radio"/> Lead <input type="radio"/> Planner <input type="radio"/> Presenter

- b. Select all statements that best reflect your role in the planning of this activity. See illustration below.

3. Identify how you took part in the planning and evaluation of this activity:		<input type="checkbox"/>
Planned objectives/content	<input checked="" type="checkbox"/>	Reviewed evaluation summary <input type="checkbox"/>
Planned time frame	<input checked="" type="checkbox"/>	Will utilize evaluation to revise presentation as needed <input type="checkbox"/>
Planned teaching strategies	<input type="checkbox"/>	Other, please describe <input type="checkbox"/>
Attended committee meetings	<input type="checkbox"/>	

- c. **For presenters:** Make sure and select “yes” or “no” by utilizing the dropdown menu on question #4. Then proceed to the subsequent questions per your selection. Please see illustration below.

SECTION C. PRESENTER QUESTIONS (VESTED INTEREST)

4. **Presenter:** During your presentation, will you include discussion of an unlabeled or the investigational use of a product, device, or drug that has not been approved by the FDA? For the use being presented in this educational activity?

If yes to (4) **No** explain:

If yes to (4) you must disclose this information during your presentation. Select the method of disclosure:

Handouts	<input type="checkbox"/>	Verbally, during presentation	<input type="checkbox"/>
Audiovisuals	<input type="checkbox"/>	Other, please describe	<input type="checkbox"/>

- d. Section D. is intended for planners and presenters. All fields should be completed in this section and should include all education and relevant certifications. ***Presenter’s must also attach their curriculum vitae or resume.

(Planner/ Presenter A-1 Continued on next page)

3. An A-1 form will not be accepted without a signature and date. A written signature is preferred, but an electronic signature will be accepted with adequate documentation.
 - a. If an electronic signature is provided, a statement modeling the one listed on the A-1 form MUST be provided, beside or below the signature. If this is not provided, the A-1 will not be accepted.

PLEASE SIGN AND DATE BELOW. IF PROVIDING ELECTRONIC SIGNATURE, A STATEMENT MUST BE INCLUDED (NEXT TO SIGNATURE) VERIFYING THAT YOUR ELECTRONIC SIGNATURE IS THE EQUIVALENT OF YOUR ACKNOWLEDGEMENT AND VERIFICATION OF THE INFORMATION PROVIDED.

Signature:

Date:

PRESENTER’S PACKET

The presenter’s packet includes the forms that the Division of Professional Development requires in order to ensure that the educational content meets the requirements for Continuing Education. This content is reviewed by the Mississippi Department of Mental Health, Division of Professional Development’s “Continuing Education Advisory Board”. This board consists of professionals whom are licensed and/or certified in each of the areas that we offer Continuing Education. The presenter’s packet must be completed with great detail.

1. Please review the previous section “Planner/Presenter A-1” for specific instructions on completing the first 2 pages of the presenter’s packet.
2. **Presentation Abstract and References.**
 - a. The presentation abstract should be a 3-5 sentence overview of the speaking material. This abstract should provide the main goal of the presentation.
 - b. A minimum 3 references must be included. These references should be listed in APA format.

PRESENTATION ABSTRACT & REFERENCES

Name:	<input style="width: 95%; height: 15px;" type="text"/>
Title of Conference:	<input style="width: 95%; height: 15px;" type="text"/>
Title of Presentation:	<input style="width: 95%; height: 15px;" type="text"/>
Date of Presentation:	<input style="width: 95%; height: 15px;" type="text"/>
ABSTRACT. (3-5 SENTENCES EXPLAINING YOUR PRESENTATION)	
CITATIONS/ REFERENCES. (MINIMUM OF 3 SCHOLARLY REFERENCES: APA FORMAT)	

*Please see next page for an abstract and reference example provided by the American Psychological Association.

Abstract Example

“The Use of Expressive Arts in Psychotherapy”

Insufficient Response

The use of expressive arts in psychotherapy has a longstanding tradition. Music, dance and other creative arts are valuable additions to successful psychotherapeutic practice. This program illustrates a range of expressive arts and their potential applications in the treatment of emotional distress. Drawing from their extensive clinical experience, the presenters demonstrate a variety of expressive techniques that help open clients to new forms of mental health, adjustment, and optional functioning by helping them to recognize and experience their internal response.

This program is derived from the work of S. Smith, *Clinical Applications of the Expressive Arts* (New York: Stonewall Publications, 2000).

Acceptable Response

The use of expressive arts in psychotherapy has a longstanding tradition. Music, dance and other creative arts are valuable additions to successful psychotherapeutic practice. This program illustrates a range of expressive arts and their potential applications in the treatment of emotional distress. Drawing from the fields of art therapy, dance therapy, and other allied fields of recreational and occupational therapy, this program overviews the historical traditions, current research findings, and practice knowledge that inform the application of arts in psychotherapeutic practice.

This program is derived from the following works:

McNamara and Scott (2000), *Historical Research in Music Therapy*, 3rd Edition.

Douglas, D.B., (2001). Effectiveness of the Expressive Arts in Psychotherapeutic Practice: Documentation of Research in Clinical Practice. *Journal of Arts in Medicine*, 3, 121-134.

Stanford, L.M. and Dickson, E.E. (2001). A controlled study of the effects of expressive arts as adjunctive techniques in psychotherapy. *Journal of Psychotherapy Research*, 33, 211-228.

Note: The insufficient program description draws primarily from presenter experience and only minimal, non-peer-reviewed publications. The acceptable response clearly identifies relevant research literature that supports both the application of the expressive arts and their associated outcomes within relevant clinical contexts.

3. **A-2 Form:** The A-2 form is designed to be a very detailed outline of the presentation.
 - a. Select the time frame for the presentation (this should directly align with the timed agenda).

Duration of Presentation: (All sessions must be at least 60 minutes; thereafter, credit is awarded in increments of 30 minutes)					60 minutes	
Evaluation Tool: (Select the evaluation method to be used to evaluate this activity.)					60 minutes	
Post Test <input type="checkbox"/>	Structured Interview <input type="checkbox"/>	Attitude Scale <input type="checkbox"/>	Direct Observation of Skill Performance <input type="checkbox"/>	Other, please list	90 minutes	
Evaluation Category: (Select the most appropriate evaluation category for this activity.)					120 minutes	
Learner Satisfaction <input type="checkbox"/>	Knowledge <input type="checkbox"/>	Skill and Attitude Change <input type="checkbox"/>	Change in Practice <input type="checkbox"/>	Other, please specify	150 minutes	
Objectives: Must provide 3 objectives. Please be specific and begin objectives with action verbs such as Discuss, Explain, Define, List			Presenter(s): List for each objective	Time Frame: List for each	180 minutes	
					210 minutes	
					240 minutes	
					270 minutes	Notes: List for as needed.

- b. Objectives, supporting information, time frame, presenter, and teaching strategies/resources must be provided on the A-2 form. Objectives are derived from the overall goal of the educational activity and are evidence based.
- i. 3 Main Objectives must be provided. The objectives should clearly describe the learner’s expected outcomes, be expressed in measurable terms, identify observable actions, and specify one outcome per objective.
 1. From the objectives the “supporting information” should list additional specific content pertaining to the objective.

Objectives: Must provide 3 objectives. Please be specific and begin objectives with action verbs such as: Discuss, Explain, Define, List, Demonstrate, etc.
Objective 1:
Objective 1 Supporting Information:
Objective 2:
Objective 2 Supporting Information:
Objective 3:
Objective 3 Supporting Information:

- ii. Time frame: The time frame listed in the body of the A-2 form should indicate the amount of time the presenter will spend on the aligning objective.

Objectives: Must provide 3 objectives. Please be specific and begin objectives with action verbs such as: Discuss, Explain, Define, List, Demonstrate, etc.	Presenter(s): List for each objective.	Time Frame: List for each objective.	Teaching Strategies/Resources: List for each objective and list audio visuals needed.
Objective 1:	→	20 minutes	
Objective 1 Supporting Information:			

- iii. Teaching Strategies: The teaching strategies/ resources should list the type of presentation this will be as well as the resources that will be used to relay the message.

Objectives: Must provide 3 objectives. Please be specific and begin objectives with action verbs such as: Discuss, Explain, Define, List, Demonstrate, etc.	Presenter(s): List for each objective.	Time Frame: List for each objective.	Teaching Strategies/Resources: List for each objective and list audio visuals needed.
Objective 1:		→	Lecture/ Power Point Presentation and Handouts
Objective 1 Supporting Information:			

TIMED AGENDA AND PROMOTIONAL MATERIAL

1. The timed agenda must align (in duration of presentation) with the presenter A-2’s. This agenda must be provided with the completed packet.
2. Promotional Material Requirements:
 - a. Promotional Material must be provided to the Division of Professional Development as a draft before printing or distribution.
 - b. The Division of Professional Development must be listed as a provider/host of the program in order to offer CE credit.

- c. To offer Continuing Education, all promotional material must include specific CE wording required by the professional organizations. The Division of Professional Development must supply this specific wording based on which professional organizations are awarding credit. Consultation with the Division is imperative.
- d. Program hosts must make clearly evident to all potential participants, prior to registration, any known commercial support for CE programs or instructors. Any other relationships that could be reasonably construed as a conflict of interest also must be disclosed.
- e. The promotional material must clearly indicate how potential participants may obtain the following information prior to enrolling in a CE Program:
 - i. Name, date, and location of the presentations
 - ii. Names of all hosts
 - iii. Overall conference goals
 - iv. Educational objectives
 - v. Instructional level of the activity
 - vi. Brief curriculum vitae which contains instructor credentials, relevant professional degree and discipline, current professional position, and expertise in program content
 - vii. Timed agenda or schedule that includes dates, times and names of sessions and presenters, breaks, and lunch times
 - viii. Description of the target audience
 - ix. Number of CE credits offered for each activity
 - x. A clear indication of any activities within a program that are not offered for CE credit.
- f. The following registration information must be provided to participants prior to the conference:
 - i. Registration for CEs is a separate registration from Conference Registration
 - ii. Deadlines for regular registration
 - iii. Penalties for late registration
 - iv. Methods of payment accepted
 - v. Cost, including all fees
 - vi. Cancellation/refund policy
 - vii. Local accommodation information
 - viii. Person and method to contact to make provisions for ADA special needs
 - ix. Person and method to contact for further information

Please submit required forms as early as possible to give the Division of Professional Development staff time to check your promotional material prior to printing any brochures, flyers or other announcements. Specific language is required by the professional organizations for which the Division is a Provider. All requirements must be met or credit will be denied. If assistance is needed please contact the division at (601) 359-6331 or email brittany.robinson@dmh.state.ms.us or michael.jordan@dmh.state.ms.us

Once all information is submitted, reviewed and approvals are granted you will receive an email stating your approvals and an agreement will be attached. This agreement will outline the responsibilities of the Division and your organization.

Thank you for taking the time to review this packet prior to beginning your application process. Please let us assist with any questions you have during your application process.