

# DELAWARE BOARD OF EXAMINERS OF PSYCHOLOGISTS

## Continuing Education Log Renewal Period: August 1, 2007 – July 31, 2009

Name: \_\_\_\_\_ Delaware License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**COMPLETE AND SUBMIT THIS FORM TO THE BOARD FOR REVIEW WITHIN TEN DAYS OF RECEIPT**

- To view the Continuing Education requirements, visit [www.dpr.delaware.gov](http://www.dpr.delaware.gov). Click on “Psychology” and then on “Rules and Regulations.” Scroll to Sections 10.0 and 13.0.
- Complete the *Continuing Education Log*. List the completion dates as shown on your certificates, along with the course titles, names of presenters and number of clock hours awarded. You may make copies of the *Log* if needed.
- **Enclose documentation of continuing education (letters, certificates). The documentation must show the relevance of content to the practice of psychology and verify your attendance for all activities listed on the *Log*.**
- Sign and date the *Log*. Mail or fax to:
 

**Board of Examiners of Psychologists**  
**Division of Professional Regulation**  
**Cannon Building Suite 203**  
**861 Silver Lake Blvd, Dover, DE 19904**  
**Fax: (302) 739-2711**
- The amount of CE you are required to complete depends on when your license/registration was issued.

| <b>CONTINUING EDUCATION FOR PSYCHOLOGISTS</b> |                                |
|---|--------------------------------|
| IF your Delaware license was issued...        | THEN your CE requirement is... |
| Before 8/1/2007                               | 40 hours                       |
| On or after 8/1/2007 but before 2/1/2008      | 30 hours                       |
| On or after 2/1/2008 but before 8/1/2008      | 20 hours                       |
| On or after 8/1/2009 but before 2/1/2009      | 10 hours                       |
| On or after 2/1/2009                          | 0 hours                        |

| <b>CONTINUING EDUCATION FOR PSYCHOLOGICAL ASSISTANTS</b> |                                |
|--|--------------------------------|
| IF your Delaware registration was issued...              | THEN your CE requirement is... |
| Before 8/1/2007  | 20 hours                       |
| On or after 8/1/2007 but before 2/1/2008                 | 15 hours                       |
| On or after 2/1/2008 but before 8/1/2008                 | 10 hours                       |
| On or after 8/1/2009 but before 2/1/2009                 | 5 hours                        |
| On or after 2/1/2009                                     | 0 hours                        |

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**Continuing Education Log  
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| DATE TAKEN<br>(mm/dd/yyyy) | COURSE TITLE | NAME AND LOCATION OF SPONSOR | PRESENTER/INSTRUCTOR'S NAME | CE HOURS |
|----------------------------|--------------|------------------------------|-----------------------------|----------|
|                            |              |                              |                             |          |
|                            |              |                              |                             |          |
|                            |              |                              |                             |          |
|                            |              |                              |                             |          |
|                            |              |                              |                             |          |
|                            |              |                              |                             |          |
|                            |              |                              |                             |          |
|                            |              |                              |                             |          |

**TOTAL HOURS FROM ABOVE:**

By signing below I confirm that the continuing education information provided on this form is accurate and that all events have been attended for the hours indicated.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUDIT APPROVED**

**AUDIT DEFICIENT Reason:** \_\_\_\_\_

**AUDIT DENIED Reason:** \_\_\_\_\_

**HEARING REQUEST Hearing Date:** \_\_\_\_\_

**Reviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_