Academy for Eating Disorders
Athlete SIG Clinical Teaching Day

October 28, 2011
Los Angeles, CA

Continuing Education Packet

Instructions

There are 3 steps required:

- ✓ Complete the application form attached
- ✓ Complete the evaluation form attached
- ✓ **All** CE applicants, regardless of discipline type, are required to sign-in upon arrival and sign-out at departure. See tables located near registration area.

Important

- ✓ Full attendance is required in order to receive CE credit. No partial credit is offered.
- ✓ Return completed CE packet to the registration desk or mail to headquarters postmarked by November 15. Late packets are subject to a **late processing fee** of $25.
- ✓ CE verification will be mailed to the address indicated approximately 8 weeks after the conference.

Return packets to the registration desk as you depart the training or Postmarked by Nov. 15, 2011 to avoid a late fee:

Academy for Eating Disorders
Education Department
111 Deer Lake Road, Suite 100
Deerfield, IL 60015 USA

847/498-4274, Extension 290
E-mail: emoy@aedweb.org

Application Form

Continuing Education Credit

Academy for Eating Disorders

Athlete SIG Clinical Teaching Day

October 28, 2011

CE Hrs. offered: 5.00 hrs.

Please Print:

Name: _____

Address: _____

_____

City: _____ **State** _____ **Zip** _____

Telephone: (_____)_____ **FAX: (_____)**_____

E-Mail Address: _____

Note: ***Verification of continuing education contact hours earned will be mailed to the above-listed address.***

Request for Continuing Education Credit

I request continuing education credit verification in the professional discipline(s) of:

____ **Psychology** ____ **Counseling** ____ **Social Work**

____ **MFT** ____ **Nursing**

____ **Other:** _____

State(s) in Which You Are Licensed: _____

License Number: (Will be included on certificate if furnished) : _____

I hereby make application for continuing education credit. I understand that to be eligible for continuing education credit, I must comply with sign-in/ sign-out requirements and complete an evaluation of the training. I further understand that The Institute for Continuing Education's sponsorship of continuing education credit does not imply endorsement of any commercial support received for this Conference or endorsement of featured exhibits.

Signature:_____

Date: _____

Athlete SIG Clinical Teaching Day

9:00 a.m. - 4:30 p.m.

Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high)

	HIGH		Neutral		LOW
I. Content / Relevancy/ Teaching Methods					
a) Content was appropriate for intended audience	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Content included recent studies/findings/literature on topic	5	4	3	2	1
d) Teaching methods were appropriate for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skills level	5	4	3	2	1
f) Visual aids, handouts, and oral presentations clarified content	5	4	3	2	1
g) Information could be applied to practice and enhanced my professional expertise	5	4	3	2	1
h) Information could contribute to achieving personal and professional goals	5	4	3	2	1
i) Audiovisual aids and handouts were legible, current, and helpful	5	4	3	2	1
j) I did not perceive any commercial bias	5	4	3	2	1
k) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Stated learning objectives were met:					
a) Cite the latest literature, research, and clinical practices in the field related to eating disorders in athletes	5	4	3	2	1
b) Identify risk factors and dangerous exercise behaviors in athletes, including recreational and non-recreational athletes	5	4	3	2	1
c) Comment on potential new partnerships with coaches, athletic administrators athlete trainers and athletes in professional, collegiate and amateur sports settings	5	4	3	2	1
d) Identify the advantages of new collaborations with recreational exercise facilities to provide enhanced understanding of dangerous exercise behaviors and disordered eating	5	4	3	2	1

III. Speakers/ Instructors:					
a) Knowledgeable in content areas	5	4	3	2	1
b) Content was consistent with stated learning objectives	5	4	3	2	1
c) Clarified content in response to questions	5	4	3	2	1
d) Reviewed limitations to material presented	5	4	3	2	1
e) Described severe and most common risks, if applicable to medications	5	4	3	2	1

IV. Overall Rating:					
a) This session met or exceeded my expectations	5	4	3	2	1
b) I learned a great deal as a result of this activity	5	4	3	2	1

V. Comments About This Training:

_____

_____