



CE Payment Authorization Form Instructions

This CE Payment Authorization Form is required ***only if*** you are seeking APA-approved Continuing Education (CE) credit for completing a 1-day EP Program Community Workshop (7 CEs).

At least 3 weeks before your workshop, please submit your completed CE Payment Authorization Form to:

By **FAX**: 202-336-5723 (Attn: Ayesha Gaston)

By **MAIL**:

Ayesha Gaston
APA Violence Prevention Office
750 First Street, NE
Washington, DC 20002-4242
Tel: (202) 336-5957

**** To register for an EP Program Community Workshop, please submit your completed Registration Form to your local EP Trainer.**



CE Payment Authorization Form
Effective Providers for Child Victims of Violence Program

Your Local EP Trainer (Print Name) _____

Workshop Date _____ Workshop City & State _____

Name (type or print legibly) _____ PhD, PsyD, EdD, Other _____
(circle/write degree)

Mailing Address _____

Daytime Phone _____ Email address _____

APA Member Number (if applicable) _____

With my signature, I certify that I attended the sessions indicated on the CE Credit Log in its entirety.

Participant's Signature

METHOD OF PAYMENT

CE Credit—\$25 fee

AMOUNT ENCLOSED, OR TO BE BILLED TO YOUR CREDIT CARD: \$ _____

CHECK – Payable in U.S. dollars to “APA” or “American Psychological Association”: Check #: _____

CREDIT CARD Account # _____ Exp. Date _____
Visa MasterCard American Express

Name as it appears on credit card: _____

Cardholder's Billing Address (please print legibly):

Street Address _____

City _____ State _____ Zip _____

Daytime phone number (required if using a credit card): _____

SIGNATURE (required if using a credit card): _____

FAX PAYMENT TO: 202-336-5723, Attn: Ayesha Gaston or

MAIL TO: Ayesha Gaston, APA Violence Prevention Office, 750 First Street, NE, Washington, DC 20002-4242

**CONTINUING EDUCATION (CE) PAYMENT AUTHORIZATION FORM MUST BE SUBMITTED
PRIOR TO THE WORKSHOP.**