

American Psychological Association - Continuing Education Credit

Attention: ** To obtain APA CE credit, participants must submit this completed form to APA within 30 calendar days from the date of training **

Documentation of Attendance

Please make sure that all information is accurate and readable.

Title: **American Red Cross Foundations of Disaster Mental Health (ARC 3077-4)**

Date of Training: _____

Instructors Names: _____

To APA's Office of Continuing Education in Psychology:

This is to certify that I have attended, in its entirety, the above stated continuing education activity sponsored by the APA Office of Continuing Education in Psychology. I understand I am eligible for 6.5 hours of APA CE credit after successfully completing this training.

Participant's name (print): _____

Participant's signature: _____

Mailing address: _____

Phone number: _____

E-mail address: _____

Instructor's name (print): _____

(Authorization by one of the instructors is required)

Instructor's signature: _____

Send form to: APA's Disaster Response Network
Practice Directorate
American Psychological Association
750 First Street, NE
Washington, DC 20002
Or
Fax: 202-336-5797 – Attention DRN Office