

Michigan Association for Play Therapy
November 13, 2020

Continuing Education Packet

Instructions:

- ✓ Complete the *CE Application Form and the Evaluation Form* and mail to *The Institute for Continuing Education* at the address listed below. CE Packets are ***only accepted by MAIL. E-mail documents are not accepted.***
- ✓ There is no additional fee to make application for CE processing.
- ✓ **Attendance Monitoring:** By signing the CE Application Form, you are certifying that you attended the training in its entirety.

Important:

- ✓ Complete and return the CE Packet (includes CE Application Form; a completed evaluation form, and mail to:

The Institute for Continuing Education
P. O. Box 1369
Fairhope, AL 36533
- ✓ The Institute for Continuing Education will process your CE application and mail CE verification to you at the address on your CE Application Form within 30-days of receipt of completed paperwork.
- ✓ Should MIAPT or The Institute for Continuing Education be unable to assist you with continuing education, the processing fee you paid will be refunded. However, refunds are not otherwise available.
- ✓ This Conference offers no "academic" credit and CE hours are not eligible toward fulfillment of a degree.
- ✓ No "ethics" hours are designated.
- ✓ **APT CE Credit:** To receive play therapy CE credit , attendees must complete the post-training quiz and achieve a passing score.
- ✓ ***It is the responsibility of attendees to determine if CE credit offered by The Institute for Continuing Education and APSAC meets the regulations of their licensing/certification board(s) for CE credit.***

Application Form

Continuing Education Credit
Michigan Association for Play Therapy
2020 East-West Regional Workshop
November 13, 2020 - Online

CE Contact Hrs. Offered: 3.00 hrs.

Please Print Your:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: (____) _____ email: _____

Request for Continuing Education Credit

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

____ Psychology ____ Social Work ____ Counseling

NOTE: NBCC Credit not offered

____ Play Therapy ____ Marr/Family Therapy ____ Nursing

Other: _____

State(s) in which you are licensed: _____

License Number: _____

will be included on verification, if provided)

I hereby make application for continuing education credit. I understand that it is my responsibility to determine if CE credit offered by The Institute for Continuing Education meets the regulations of my licensing/certification boards.
Attestation Statement: *By signing below, I certify that I attended this training event in its entirety, thus complying with attendance requirements and being eligible to receive CE credit.*

Signature: _____

Date: _____

The Institute for Continuing Education
P. O. Box 1369
Fairhope, AL 36533
800-557-1950 / e-mail: instconted@aol.com

***Play Therapy Basics Using Neuroscience to Shift Clinician
And Parental Paradigms of Behavior: a Hands-On Approach
Gayla Ignacio, M.A., LPC, RPT***

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

	<i>HIGH</i>		<i>Neutral</i>		<i>LOW</i>
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 and effective for subject matter	5	4	3	2	1
e) This program is appropriate to my education, experience, and skill level	5	4	3	2	1
f) Cultural, racial, ethnic, socio-economic, and gender differences were considered	5	4	3	2	1
g) Visual aids, handouts, and oral presentations clarified content and were useful	5	4	3	2	1
h) Content was useful, applicable to practice, and enhanced my professional goals	5	4	3	2	1
i) I did not perceive any commercial bias or conflict of interest	5	4	3	2	1
j) Information could contribute to achieving personal and professional and personal goals	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) Identify major parts of the brain impacted by early trauma and what types of play therapy are appropriate treatment for brain healing, including child-centered play therapy and attachment-based play therapy interventions	5	4	3	2	1
b) Identify 2-5 developmental trauma screenings tools appropriate to aid in creating a trauma-informed play therapy treatment plan, as well as plain language to explain the treatment plan to parents and schools	5	4	3	2	1
c) Implement practical responses to trauma behaviors that may be demonstrated in a play therapy session, which will encompass play therapy room set-up and toys / tools needed for client and clinician safety	5	4	3	2	1

III. Faculty: Gayla Ignacio, M.A., LPC, RPT					
a) Knowledgeable in content areas	5	4	3	2	1
b) Presented the subject matter clearly and clarified content	5	4	3	2	1
c) Responsive to participants and to their questions	5	4	3	2	1
d) Used technology effectively	5	4	3	2	1
e) Reviewed limitations to material presented	5	4	3	2	1
f) Described severe and most common risks, including applicable risk of medication	5	4	3	2	1 N/A

IV. Overall Rating:

a) This session met or exceeded my expectations	5	4	3	2	1
b) How much did you learn as a result of this CE program	a great deal	some	very little		
c) How useful was the content of this CE program for your practice and professional development	extremely useful		not useful		

V. Logistics / Technology / Administration:

a) Conference facility was adequate and location was suitable for training	5	4	3	2	1
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly	5	4	3	2	1
d) Instructions for requesting accommodations for a disability were clear	5	4	3	2	1
e) Questions or concerns were addressed effectively and in a timely manner with regard to administration of the course/ training	5	4	3	2	1
f) Registration went smoothly and the event was well managed	5	4	3	2	1

VI. Comments About This Training:
