

Society for Clinical and Experimental Hypnosis
2021 Midyear Clinical Hypnosis Workshops
April 23-24, 2021

Continuing Education Packet

Instructions:

- ✓ A completed “*CE packet*” is required in order to receive continuing education credit. CE packets are accepted by **MAIL only**. Email/ scan packets will not be accepted.

What Does a Complete CE Packet Consist of ?

A complete CE Packet consist of:

1. Continuing Education Application Form
2. Attendance Logs
3. Evaluation form for EACH training in which you participate

How Do I Submit my CE Packet ?

CE Packets are accepted by **MAIL only**, and should be postmarked **not later than 30-days following the Conference.**

Mail completed CE packets to:

Anne Doherty Johnson
Society for Clinical and Experimental Hypnosis
305 Commandants Way – Commoncove Suite 100
Chelsea, MA 02150-4057

How Will I receive CE verification ?

Your completed CE packet will be shipped by SCEH to *The Institute for Continuing Education* for processing. You will receive CE verification from *The Institute for Continuing Education* by mail, approximately 2-3 weeks following receipt of your completed CE Packet from SCEH. The mailing address you submit on the CE Application Form is used to mail your CE verification.

The Institute for Continuing Education
Questions: 800-557-1950 / email: instconted@aol.com

CONTINUING EDUCATION

This program is co-sponsored by the Society for Experimental and Clinical Hypnosis and *The Institute for Continuing Education*. The program offers continuing education credit as listed with the schedule. Full attendance is required for the workshops in which you participate. Partial CE credit is not offered. There is no additional fee for continuing education credit.

Course Completion: To qualify to receive continuing education credit, attendees must complete a CE Packet and comply with attendance monitoring regulations. CE verification is mailed to attendees within 30-days following the receipt of completed CE materials.

Questions: If you have questions regarding continuing education, the program, faculty, please contact *The Institute* at: 800-557-1950; e-mail: instconted@aol.com.

Note: It is the responsibility of attendees to determine if continuing education credit offered by *The Institute for Continuing Education* meets the regulations of their licensing/certification board.

Continuing Education Offered:

Psychology: The Institute for Continuing Education is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The Institute for Continuing Education maintains responsibility for this program and its content.

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0043.

Counseling: The Institute for Continuing Education and the Society for Clinical Experimental Hypnosis are cosponsors of this program. This co-sponsorship has been approved by NBCC. The Institute for Continuing Education is an NBCC approved continuing education provider, No. 5643. The Institute for Continuing Education solely is responsible for this program, including the awarding of NBCC credit.

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. Provider MHC-0016.

Ohio: The Institute for Continuing Education is recognized as a provider of continuing education by the Ohio Counselor, Social Worker Board, Provider RCS 030001.

Social Work: This program has been approved for social work continuing education hours for re-licensure, in accordance with 258 CMR, NASW-MA Chapter CE Approving Program. Authorization D-81390.

New York: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers. Provider No. SW-0025.

Ohio: Counseling and Social Work Board, Provider RCS 030001.

Marriage/Family Therapy: The Institute for Continuing Education, Provider 56590, is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs. The Institute for Continuing Education maintains responsibility for this program and its content. This Course meets the qualifications for LMFTs, LCSWs, LPCC, as required by the California Board of Behavioral Sciences.

New York MFT: The Institute for Continuing Education is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for Licensed Marriage and Family Therapists.

Skill Level: Workshops are noted for skill level (Basic, Intermediate, Advanced).

Instruction Methodology: May include lecture, audio-visual, demonstration, experiential practice of techniques, large and small group discussion.

Ethics Hours / Academic Credit: The Conference offers no "academic" credit and CE hours awarded are not eligible toward fulfillment of a degree. No "ethics" hours are offered.

Application Form

Continuing Education Credit

*Society for Clinical and Experimental Hypnosis
2021 Midyear Clinical Hypnosis Workshops*

Processing Fee: \$ NONE

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** **Marriage/Family**

State(s) in which you are licensed: _____

License Number: _____

I hereby make application for continuing education credit. I understand that to be eligible for continuing education credit, I must complete and return a CE Packet. By signing this Application Form, I am certifying that I attended, in its entirety, the sessions listed on the Attendance Logs. I also 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 board.

Check Dates Attending:

FRI, April 23, 2021

SAT, April 24, 2021

Signature: _____

Date: _____

*The Institute for Continuing Education
P. O. Box 778, Saraland, AL 36571
800-557-1950 / e-mail: instconted@aol.com*

Record of Attendance

Print Your Name: _____

Directions: Check the Session(s) You Attend

Friday, April 23, 2021

8:00 a.m. – 4:30 p.m. 6.50 hrs.

____ **INTRODUCTORY WORKSHOP – Part 1: Basic Foundations of
Clinical and Applied Hypnosis (8:00 a.m. – 4:30 p.m.)**

**Faculty: Barbara S. McCann, Ph.D. / Donald P. Moss, Ph.D. / Vivek Datta, M.D. /
Tova Frani Fuller, M.D. , Ph.D. / Catherine McCall, M.D.**

____ **INTERMEDIATE WORKSHOP – Part 1: Training in Clinical and
Applied Hypnosis (8:00 a.m. – 4:30 p.m.)** 6.50 hrs.

Faculty: David B. Reid, Psy.D. / Ciara C. Christensen, Ph.D.

9:00 a.m. – 1:15 p.m. - Advanced Workshop 4.00 hrs.

____ **301 - Clinical Hypnosis for Pain-Related Anxiety**

Faculty: Shelby Morgan Reyes, Ph.D. / Elizabeth Walsh, Ph.D.

2:30 – 4:45 p.m. 2.00 hrs.

____ **302 –Hypnotherapy for Stress Management: Integration of Mindfulness,
Music, Relaxation, and Suggestion in Clinical Practice**

Faculty: Gary Elkins, Ph.D. / Mattie Biggs, MSCP

Saturday, April 24, 2021

8:00 a.m. – 4:00 p.m. 6.00 hrs.

____ **INTRODUCTORY WORKSHOP – Part 2: Basic Foundations of
Clinical and Applied Hypnosis (8:00 a.m. – 4:30 p.m.)**

**Faculty: Barbara S. McCann, Ph.D. / Donald P. Moss, Ph.D. / Vivek Datta, M.D. /
Tova Frani Fuller, M.D. , Ph.D. / Catherine McCall, M.D.**

____ **INTERMEDIATE WORKSHOP – Part 2: Training in Clinical and
Applied Hypnosis (8:00 a.m. – 4:30 p.m.)** 6.00 hrs.

Faculty: David B. Reid, Psy.D. / Ciara C. Christensen, Ph.D.

9:00 a.m. – 1:15 p.m. - Advanced Workshop 4.00 hrs.

____ **303 - Hypnosis Applications for Chronic Illness and Medical Procedures**

Faculty: Damita LaRue, Psy.D., FT, CCISM

Total Hrs. Claimed: _____

Introductory / Basic: Foundations of Clinical and Applied Hypnosis

*Barbara McCann, Ph.D. / Tava F. Fuller, Ph.D., M.D. /
Catherine McCall, M.D. / Vivet Datta, M.D., MPH / Donald Moss, Ph.D.*

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).

	<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 skills 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 development	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 goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

III. Faculty:					
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 medications	5	4	3	2	1

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 other professional development	extremely useful			not useful	

HIGH Neutral LOW

V. Logistics / Technology / Administration:

a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
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 N/A
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: _____

HIGH *Neutral* *LOW*

II. Learning Objectives: stated learning objectives were met:

1) Define hypnosis based on current published definitions of hypnosis	5	4	3	2	1
2) Describe the effects of hypnosis on the autonomic nervous system	5	4	3	2	1
3) Describe the steps in a formal hypnotic encounter	5	4	3	2	1
4) Describe at least 4 observable physiological and 4 psychological/ behavioral signs of trance	5	4	3	2	1
5) Explain the importance of removing suggestions	5	4	3	2	1
6) Explain at least 5 different hypnotic phenomena	5	4	3	2	1
7) Define abreaction and explain how it can be addressed therapeutically	5	4	3	2	1
8) Describe three methods of trance intensification	5	4	3	2	1
9) Name at least 4 commonly used words / phrases to reinforce the patient's hypnotic experience	5	4	3	2	1
10) Explain what is meant by ego strengthening and how it might be used in clinical practice	5	4	3	2	1
11) Explain how to teach self-hypnosis to a patient or client	5	4	3	2	1
12) Describe the ways in which may be fallible	5	4	3	2	1
13) Describe the therapeutic application of hypnosis to children	5	4	3	2	1

Intermediate Training in Clinical and Applied Hypnosis

David B. Reid, Psy.D. / Ciara C. Christensen, Ph.D.

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)

	<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 skills 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) Information could be applied to practice and enhanced my professional expertise	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 goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

III. Faculty:					
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 risk of medications	5	4	3	2	1

IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other professional development	extremely useful			not useful	

HIGH *Neutral* *LOW*

V. Logistics / Technology / Administration:

a) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	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

VI. Comments About This Training: _____

HIGH *Neutral* *LOW*

II. Learning Objectives: stated learning objectives were met:

1) Identify at least 2 benefits of including hypnosis in clinical practice	5	4	3	2	1
2) Identify 3 advanced induction techniques to specific clinical concerns	5	4	3	2	1
3) Identify at least 2 strategies for integrating metaphors as a type of hypnotic suggestion	5	4	3	2	1
4) Describe current literature on hypnosis and memory and explain its implications for clinical work	5	4	3	2	1
5) Identify 3 hypnotic phenomena associated with memory	5	4	3	2	1
6) Analyze a case conceptualization protocol base upon hypnotic assessment data	5	4	3	2	1
7) Identify at least 2 ego strengthening interventions that can be used during hypnosis	5	4	3	2	1
8) Explain how hypnosis can be used to help clients manage habit disorders	5	4	3	2	1
9) Explain how hypnosis can be used to help clients manage pain	5	4	3	2	1
10) Generate a treatment plan for treating anxiety disorders with hypnosis	5	4	3	2	1
11) Identify at least 5 potential challenges with hypnosis and interventions to minimize these challenges	5	4	3	2	1
12) Describe potential contraindications for using hypnosis in clinical settings	5	4	3	2	1
13) Demonstrate increased familiarity with clinical hypnosis standards of training, certification, and professional clinical hypnosis societies Ethical Principles	5	4	3	2	1

Advanced Workshop 301
Clinical Hypnosis for Pain-Related Anxiety
Shelby Morgan Reyes, Ph.D. / Elizabeth Walsh, Ph.D.
9:00 a.m. – 1:15 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)

	<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 skills 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) Information could be applied to practice and enhanced my professional expertise	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 goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Describe 3 mechanisms through which anxiety influences the experience and the expression of acute and chronic pain	5	4	3	2	1
2. Describe 3 potential clinical applications for hypnosis with individuals experiencing anxiety related to pain	5	4	3	2	1
3. Summarize research findings on the effectiveness of clinical hypnosis for procedural and chronic pain anxiety management	5	4	3	2	1
4. Describe the application of techniques for induction and suggestions of comfort and relaxation, applicable for use among individual with chronic or acute pain	5	4	3	2	1

III. Faculty:					
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 risk of medications	5	4	3	2	1

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some		very little
e) How useful was the content of this CE program for your practice and other 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 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	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

VI. Comments About This Training: _____

Advanced Workshop 302
Hypnotherapy for Stress Management: Integration of Mindfulness, Music, Relaxation, and Suggestion in Clinical Practice
Gary Elkins, Ph.D. / Mattie Biggs, MSCP
2:30 – 4:45 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)

	<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 skills 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) Information could be applied to practice and enhanced my professional expertise	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 goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Cite current research literature on the prevalence and factors contributing to stress and anxiety	5	4	3	2	1
2. State a contemporary definition of hypnosis as it may relate to mindfulness, music, relaxation and suggestion	5	4	3	2	1
3. Identify hypnotic techniques using mindfulness, music, relaxation and/or suggestion for stress management	5	4	3	2	1

III. Faculty:					
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 risk of medications	5	4	3	2	1

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some	very little	
e) How useful was the content of this CE program for your practice and other 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 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	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 training	5	4	3	2	1

VI. Comments About This Training: _____

Advanced Workshop 303
Hypnosis Applications for Chronic Illness and Medical Procedures
Damita LaRue, Psy.D., FT, CCISM
9:00 a.m. – 1:15 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)

	<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 skills 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) Information could be applied to practice and enhanced my professional expertise	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 goals	5	4	3	2	1
k) Timeline of course adhered to the advertised time, and CE credits offered	5	4	3	2	1
l) I would recommend this program to others	5	4	3	2	1

II. Learning Objectives: Learning Objectives were met:					
1. Identify the expanded areas of treatment when using the biopsychosocial model of care versus the biomedical model	5	4	3	2	1
2. Explain how treatment outcomes can be enhanced using clinical hypnosis with clients before, during and after medical procedures	5	4	3	2	1
3. Describe techniques to incorporate culture and spiritual beliefs into hypnosis to enhance clients' hypnosis experience	5	4	3	2	1
4. Identify the limitations of focusing exclusively on relaxation when working with clients who are distressed by upcoming medical procedures	5	4	3	2	1

III. Faculty:					
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 risk of medications	5	4	3	2	1

	<i>HIGH</i>	<i>Neutral</i>	<i>LOW</i>		
IV. Overall Rating:					
a) Visual and technology aids were up-to-date and adequately administered	5	4	3	2	1
b) Conference facility was adequate and location was suitable for training	5	4	3	2	1 N/A
c) This session met or exceeded my expectations	5	4	3	2	1
d) How much did you learn as a result of this CE program	a great deal		some		very little
e) How useful was the content of this CE program for your practice and other 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 N/A
b) Visual and technology aids were up-to—date and adequately administered	5	4	3	2	1
c) Course/ training registration was user-friendly and event was well managed	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 training	5	4	3	2	1

VI. Comments About This Training: _____
