# ASPHP ABSTRACT SUBMISSION

(*California Code of Regulations*, Title 16, Section 1456)

## Please Type or Print All Entries

**PROVIDER/BUSINESS NAME:**

|  |  |
| --- | --- |
| **1. TITLE:** | **2. DATE(S) TO BE OFFERED:** |
| **3. OBJECTIVES (Behavioral Terminology):** | |
| **4. OVERVIEW/DESCRIPTION:** | |
| **5. CONTENT (Outline Form) and at least 5 evidence based references** | |
| **6. TEACHING METHODS:** | |
| **7. NUMBER OF CONTACT HOURS: \*** | |
| **8. METHOD OF EVALUATION WHEN REQUIRED:** | |

\* Independent study providers describe methodology used to determine number of contact hours.

# INSTRUCTOR INFORMATION

(*California Code of Regulations*, Title 16, Section 1457)

## Please Type or Print All Entries

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. NAME:** | | | | | | **2a. LICENSE NUMBER:** | | |
| 2b. Date of Expiration: | | |
| 2c. Type of License: | | |
| **3. EDUCATION:** | | | | | | | | |
| College/University | Major | | Degree | | Area of Preparation | | | Year Degree Granted |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
|  |  | |  | |  | | |  |
| **4. EXPERIENCE: (Start with most recent experience)** | | | | | | | | |
| Agency | | Position | | Clinical Area | | | From To  Mo/Yr Mo/Yr | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
| **5. TEACHING EXPERIENCE:** | | | | | | | | |
| Title of Course | | Description | | Location | | | Month/Year | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
| **6. Have you ever had a course in Principles of Adult Education?** O Yes No  If yes, give dates: | | | | | | | | |

**NOTE:** If course has more than one instructor, please copy this form, as a separate form is necessary for each instructor.

O