# 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 |
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| **4. EXPERIENCE: (Start with most recent experience)** |
| Agency | Position | Clinical Area | From ToMo/Yr Mo/Yr |
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| **5. TEACHING EXPERIENCE:** |
| Title of Course | Description | Location | Month/Year |
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|  |  |  |  |
| **6. Have you ever had a course in Principles of Adult Education?** O Yes NoIf yes, give dates:  |

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

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