Psychology Continuing Education: Small Group Activity Documentation Form (Administrative Rule 8.6, 8.7 & 8.9)

Name (PLEASE PRINT) : _____

License #: _____

Date of Activity: _____

Hours of Attendance: _____

List of participants:

_____

_____

_____

Description of Topic(s) covered:

_____

_____

_____

_____

Description of how the meeting was conducted:

_____

_____

_____

_____

How did this meeting contribute toward your professional development?

_____

_____

_____

_____

Signature of Licensee: _____

Date: _____