

Society for Clinical and Experimental Hypnosis

c/o MSPP, 221 Rivermoor Street, Boston, MA 02132

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FOR OFFICE USE ONLY

Course Code Assigned: _____ Date of Program: _____ Times of Program: _____ Date Rec'd: _____

CE WORKSHOP CONTENT WORKSHEET

Electronic transmission is strongly preferred.

Please complete the information requested below by April 28, 2008 and email it to (all):

Dean Abby, Executive Director sceh@mspp.edu

Max Shapiro, Ph.D., maxshapiro@maxshapiro.net

Claire Frederick, M.D., montamat1@sbcglobal.net

1. Presenter's Name: _____ Degree: _____ Year Rec'd: _____
Title: _____ Email address _____
Home Address: _____
City: _____ State: _____ Zipcode: _____
Telephone: work (____) _____ home (____) _____
cell (____) _____ fax (____) _____

ADD ADDITIONAL PRESENTER INFO ON ATTACHED PAGES

2. Program Title:

3. Description of Program:

4. Specific learning objectives stated in behavioral terms, if possible:

(Note: If any aspects of this learning activity could be stressful, it is important to be as clear about this as possible in the description of the program and/or in the prerequisites.)

5. Structure/nature of learner participation, (check all appropriate):

