

# OBOP Continuing Education Audit Report

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Reporting Period: \_\_\_\_\_ to: \_\_\_\_\_

Please complete this form and maintain proof of continuing education (CE) completion. Provide these items only if you are selected for an audit.

## Summary Table

Type Code	Program Description	Credits
<b>A</b>	<b>Academic Credit.</b> Courses taken at accredited universities and colleges.	
<b>Q</b>	<b>Miscellaneous Qualifying Programs.</b> Includes in-person substantive professional development programs and formally organized workplace educational programs.	
<b>S</b>	<b>Study Group.</b> <sup>1</sup> My formally organized study group included at least two other mental health professionals. We prepared and preserved a syllabus of meeting dates and study topics in advance.	
<b>H</b>	<b>Home Study.</b> <sup>1</sup> Internet and tele-courses; reading books or articles from peer-reviewed journals (submit your Article Log to document reading).	
<b>C</b>	<b>Supervision or Consultation.</b> Must be received from an Oregon Licensed Psychologist for a fee.	
<b>L</b>	<b>Lecturer.</b> <sup>2</sup> I served as an instructor, discussion leader, or speaker. First time lecture only.	
<b>P</b>	<b>Published Articles and Books.</b> <sup>2</sup> I authored or co-authored published material.	
<b>V</b>	<b>OBOP Service.</b> Board member or committee volunteer.	
	<sup>1</sup> There is a limit of 20 hours of (H) Home Study and (S) Study Group credit combined. Limit 4 credits of reading. <sup>2</sup> There is a limit of 20 hours of (L) Lecturer and (P) Published Material credit combined.	<b>TOTAL CREDITS:</b>

I understand that my CE must comply with the requirements of Oregon Administrative Rule Chapter 858 Division 40. I swear, and affirm by my signature, that the information I have provided in this CE Audit Report and my supporting documentation are true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Detail Tables

Please list your qualifying CE programs in chronological order, and organize your supporting documentation in corresponding order. All of the fields are required for each activity listed. Separately list program titles for multi-session or multi-day activities such as conferences.

This guidance document is meant to supplement, not replace, the Oregon Administrative Rules (OARs) Ch. 858 Div. 40.

Please visit the Continuing Education webpage (<https://www.oregon.gov/psychology/Pages/CE.aspx>) for categorical minimums, current requirements, and general information.

**1) Mandatory Ethics**

Date	Activity Title	Sponsor	Qualified Instructor(s) Name & Degree	Type Code	Credits Claimed

**2) Mandatory Cultural Competency**

Date	Activity Title	Sponsor	Qualified Instructor(s) Name & Degree	Type Code	Credits Claimed

**3) Mandatory Pain Management**

Date	Activity Title	Sponsor	Qualified Instructor(s) Name & Degree	Type Code	Credits Claimed

**4) Mandatory Suicide Risk Assessment, Treatment, and Management**

Date	Activity Title	Sponsor	Qualified Instructor(s) Name & Degree	Type Code	Credits Claimed


5) All Other Activities Claimed:

Date	Activity Title	Sponsor	Qualified Instructor(s) Name & Degree	Type Code	Credits Claimed
