



*\*Please send application and attachments via email to OPA at [okpsychassociation@gmail.com](mailto:okpsychassociation@gmail.com).*

**Title of Presentation:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Is the sponsor representative an OPA member? (annual dues must be paid in full)**  Yes  No

**Name(s) of speaker and credentials:** \_\_\_\_\_

**Date and Time of Presentation:** \_\_\_\_\_

**Location of Presentation:** \_\_\_\_\_

**Targeted audience:** \_\_\_\_\_

**Participant Fees for Attending Presentation:** \_\_\_\_\_

**Number of hours of continuing professional education (CPEs) requested:** \_\_\_\_\_

*\*Time allotted for registration and breaks will not be counted*

**Please attach the following to your application (please see example application packet provided):**

- (1) Biographical description of the presenter's qualifications.
- (2) CV of the presenter
- (3) Description of the educational objectives of the presentation or workshop.
- (4) Program evaluation form to be used (please see example provided).
- (5) Application fee to be mailed to: PO Box 18991, OKC, OK 73154
  - \_\_\_ \$40 if sponsor is an OPA member and not affiliated with a private corporation.
  - \_\_\_ \$100 if sponsor is not an OPA member and not affiliated with a private corporation.
  - \_\_\_ \$300 if sponsor is affiliated with a private corporation.

*\*Consideration for CPE credits will only be given to those completing this application 60 days prior to the date of the presentation. If you have questions or need additional information, contact Robin Aupperle at 918-502-5744 or OPA at 405-655-9903 or PO Box 1585, Norman, OK 73070.*