



ULEA

UPPER LEFT Education Association

Application for Training Recognition

PRESIDENT: Tom Murphy
ULEA
P.O. Box 4807
Spokane, WA 99220

GUIDELINES

Application Processing:

I. Time Frame

- a. An application for ULEA recognition and all related materials must be reviewed by the ULEA Steering Committee at its regular monthly meeting at least ninety (90) days prior to the training in order to provide time to submit additional information, clarify and/or make corrections in the application should it not gain approval on the first review, and to submit information on special considerations.
- b. All changes made by the applicant to materials in the original application must be received 60 days prior to the training.

II. Review

- a. Each criterion of the “Application for Training Recognition” must be met to gain ULEA approval.
- b. The ULEA Steering Committee will take one of the three actions:
 1. Recognition - The person presenting to the Steering Committee will receive the ULEA approval number at the time of the presentation. The training will be recognized for a period of one year from the date of approval and can be repeated any time during that year provided if:
 - there are no material changes to the original application
 - the ULEA is notified thirty days prior to each training
 2. Deferral of Recognition – The ULEA may request additional material about a training or suggest specific changes before recognition can be granted. Supplemental material or changes must be received by the ULEA president at least 60 days prior to the training.
 3. Non-recognition – If the application does not meet criteria established by the ULEA, the presenting person will be notified at the time of the presentation and a letter will follow outlining the basis for denial. Time permitting, a new application may be submitted.

- c. Recognition may be revoked as a result of:
 - 1. Non-compliance with guidelines
 - 2. Failure to conduct the training as outlined in the application
 - 3. Consumer complaints or poor evaluations from attendees
 - 4. Failure of the sponsoring agency to submit the feedback forms and/or the attendance roster to the ULEA within ten days of the date of the training

III. Appeal Policy

- a. Notification of intent of appeal of “Non-recognition” must be received in writing by the President within 10 days following notification. The application must include why the appellant feels the decision is incorrect and remedial action desired.
- b. Appeal of the President’s finding may be made to the ULEA Steering Committee.
- c. The Steering Committee’s decision is final.

SPONSORING AGENCY RESPONSIBILITIES UPON RECOGNITION

- I. ULEA approval number must appear on the certificate and flyer.
- II. Each participant must receive a copy of the training objectives.
- III. The following information must be retained by the sponsoring agency for a period of three years following the training:
 - a. A copy of the “Application for Training Recognition”
 - b. A blank copy of the Certificate of Completion
 - c. A roster of those individuals attending the training on the ULEA form
 - d. Post-test or other manner of documenting increase in competency of participants
- IV. Originals of ALL evaluations must be sent to the ULEA President within 10 days of the training along with the completed “Workshop Feedback Summary Form” and the attendance roster. The application, Feedback Summary Form and attendance roster will be retained by the ULEA for a period of three years.
- V. The sponsoring agency will give each participant successfully completing the training a certificate of attendance. The Certificate must contain the following information:
 - a. Title of the Training
 - b. ULEA Approval number
 - c. Date of the training
 - d. Sponsoring Agency
 - e. The statement “This training has been recognized by the Upper Left Education Association for X contact hours.” **Minimum of 4 hours**
 - f. Authorized signature of sponsoring agency

NOTE: Speakers are **NOT** eligible for contact hours for the presentation time. Sponsors MAY obtain credit if they were present full time.

TRAINING CRITERIA

The following criteria will be used in the consideration for recognition. In order to ensure that the needs of behavioral health professionals have been considered in the course objectives, all criteria should be reviewed with the trainer and be included in the training material.

1. The training is comprised of subject material that will increase the counselor's knowledge in serving persons and their families with behavioral health needs.
2. Learning objectives are attainable and clearly stated.
3. Each objective has corresponding course content outlined.
4. Each person engaged to do the training assumes responsibility and is qualified through education/experience for the course and course content.
5. Adequate time is allotted for each content area, learning activity and evaluation.
6. Teaching methods and learning activities are appropriate for objectives and course content.
7. Course content is compatible with abstinence as the primary goal of substance use treatment.
8. The trainer has placed the subject on the continuum of recovery where the course content is most appropriately utilized.
9. The trainer has stated at what level of experience the knowledge and skills gained in this training will be most effectively utilized.



APPLICATION FOR EDUCATIONAL TRAINING

Please use this form to assist you in completion of the application. Be sure to read the Criteria for Recognition, Guideline for Application and Sponsoring Agency Responsibilities **BEFORE** you complete this application.

1. Title of Training: _____

2. Date of Training: _____ Time: _____

3. Location: _____

Handicap Accessible: Yes _____ No _____ Deaf Interpreter Available? Yes _____ No _____

4. Sponsoring Agency: _____

5. Contact Person: _____ Phone: _____

6. Target Audience: _____

7. Costs/Refunds: _____

8. Registration Info: _____

9. Contact Hours: _____

10. Name of Presenter(s): _____

12. Behavioral Objective and Methods:

Describe the skills, in terms of actions, that the participant will develop as a result of this training as well as the teaching and/or learning methods used to teach the skills. What will the counselor be **DOING**? (not “understand, learn, know”) Use verbs such as write, identify, differentiate, compare, contrast, etc.

Objective #1: _____

Method A: _____

Method B: _____

Objective #2: _____

Method A: _____

Method B: _____

Objective #3: _____

Method A: _____

Method B: _____

Please attach a separate sheet if you need more space.

13. Where on the continuum of care will the subject areas be most appropriately used with clients? Please check all that apply.

- a. first 30 days of recovery
- b. one to four months of recovery
- c. four months to one year of recovery
- d. beyond one year of recovery
- e. other: _____

14. Is the training (choose one)

- a. Introductory – No prior knowledge or specific content area is needed to fully and effectively participate in the workshop. The information presented or skills required will be new to those enrolled.
- b. Intermediate – Some basic knowledge of the specific content is required but the participant need not have in-depth knowledge or skills. The training will provide information at a level beyond the basic knowledge of the topic.
- c. Advanced – To fully participate, those enrolled must possess a substantial working knowledge or skill level in the specific content area. Generally, the knowledge of skill involved is currently being used by the participant in his/her job. At this level techniques or knowledge would be offered to refine and expand current expertise.
- d. Other – Describe what other determination has been made and the rationale behind the decision:

15. Participant Evaluation:

Use the attached Participant Evaluation form included with this packet. The Results of these evaluations must be summarized on the accompanying "Agency Feedback Summary Form." **The List of Participants, the Evaluations and the Summary form must be sent to the ULEA President within ten days of the training.**

State strategies for incorporation of feedback from evaluation forms into future presentations of the course:

16. Please attach a rough draft of the flyer for the workshop. The flyer should include the following information:

- a. Date, time, location, and sponsoring agency _____
- b. Trainer with credentials _____
- c. Objectives _____
- d. Target Audience _____
- e. ULEA Approval # and statement _____
- f. Fees, refund policy _____
- g. Registration information _____

Additional Comments: _____

The applicant shall indemnify, defend and hold harmless the Upper Left Education Association from, and against, any and all liability, damages, claims, costs, including attorney's fees and incidental costs arising out of the content, presentation or facility used at the training event.

Applicant or Contact Person

Date

Title/Position

Upper Left Education Association

TRAINING CERTIFICATE

Signature: _____

ULEA Approval #

UPPER LEFT EDUCATION ASSOCIATION

****PLEASE PRINT****

Name: _____
Mailing Address: _____
Agency: _____

Name: _____
Mailing Address: _____
Agency: _____

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Mailing Address: _____
Agency: _____

Name: _____
Mailing Address: _____
Agency: _____



PARTICIPANT EVALUATION

Activity Title: _____ Date: _____

Counselor Registration #: _____ OR Name: _____

PART ONE – THE TRAINING

Directions: For each question please circle the number that best represents your opinion

5 = Completely 4 = Mostly 3 = Moderately 2 = Hardly 1 = Not at all

- 1. To what extent were the stated objectives of the activity relevant to your professional needs and interests? 5 4 3 2 1
- 2. To what extent were you able to accomplish the stated objectives? 5 4 3 2 1
- 3. To what extent were you able to accomplish your personal objectives? 5 4 3 2 1
- 4. To what extent were you satisfied with the educational activity? 5 4 3 2 1
- 5. To what extent did the conference facilities enhance the activity? 5 4 3 2 1

6. When you return to your agency or practice, what actions do you intend to take as a result of this activity?

7. What are the best educational aspects of this activity?

8. What is the overall rating of the educational activity? ___Excellent ___Good ___Fair ___Poor

9. How could the educational activity have been improved? Please be specific.

PART TWO – THE PRESENTER(S)

Directions: Write the name of each presenter in the space provided. Rate each one by checking the degree of effectiveness according to your judgment.

Name of Presenter: _____

Quality of Content	Excellent	Good	Fair	Poor
Relevance of content to objectives	Excellent	Good	Fair	Poor
Effectiveness of teaching methods	Excellent	Good	Fair	Poor

Name of Presenter: _____

Quality of Content	Excellent	Good	Fair	Poor
Relevance of content to objectives	Excellent	Good	Fair	Poor
Effectiveness of teaching methods	Excellent	Good	Fair	Poor

Name of Presenter: _____

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Name of Presenter: _____

Quality of Content	Excellent	Good	Fair	Poor
Relevance of content to objectives	Excellent	Good	Fair	Poor
Effectiveness of teaching methods	Excellent	Good	Fair	Poor

Please use the space below to share any comments you choose. We value your thoughts and each evaluation is read. It is not necessary to sign your name. Thank you for your input.

Suggestions for future trainings:



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AGENCY FEEDBACK SUMMARY FORM

Activity Title: _____ Date: _____ Activity Site: _____
Total documented participants: _____ Total evaluations returned: _____

Please circle the **average** number that best represents the opinions expressed in the participant evaluations for each of the following questions:

1. Were the purposes/objectives of the activity relevant to your professional needs/interests? 5 4 3 2 1
2. To what extent were you able to accomplish the stated objectives? 5 4 3 2 1
3. To what extent were you able to accomplish your personal objectives? 5 4 3 2 1
4. To what extent were you satisfied with the educational activity? 5 4 3 2 1
5. To what extent did the facility enhance the learning environment? 5 4 3 2 1

Overall rating of the activity? (#'s) _____ excellent _____ good _____ fair _____ poor
of evaluations with no rating: _____

PART TWO – The Presenter’s

Please report the number of people endorsing the following categories:

Name of Presenter: _____

- | | | | | |
|---------------------------------------|-----------------|------------|------------|------------|
| 1. Quality of Content | Excellent _____ | Good _____ | Fair _____ | Poor _____ |
| 2. Relevance of content to objectives | Excellent _____ | Good _____ | Fair _____ | Poor _____ |
| 3. Effectiveness of teaching methods | Excellent _____ | Good _____ | Fair _____ | Poor _____ |

Name of Presenter: _____

- | | | | | |
|---------------------------------------|-----------------|------------|------------|------------|
| 1. Quality of Content | Excellent _____ | Good _____ | Fair _____ | Poor _____ |
| 2. Relevance of content to objectives | Excellent _____ | Good _____ | Fair _____ | Poor _____ |
| 3. Effectiveness of teaching methods | Excellent _____ | Good _____ | Fair _____ | Poor _____ |

of evaluations with no opinions: _____

RETURN TO ULEA WITHIN TEN DAYS OF TRAINING