

APPENDIX O-1

FORM 1- Side A

Accreditation of Educational Activities taking place at WPA Scientific Meetings, Conferences, and Congresses

Name of WPA Scientific Meeting: _____

Date: _____ Site: _____

Organizers: _____

Name of the activity for which WPA accreditation is sought: _____

Director: _____

E-mail address: _____

Faculty: _____

Educational objectives: _____

Number of hours: _____

Target audience: _____

Methodology: _____

Recommended bibliography: _____

Disclosure of commercial connections, if any: _____

Type of relationship: _____

Name of organization: _____

Signature

APPENDIX O-1

FORM 1- Side B

Accreditation of Educational Activities taking place at WPA Scientific Meetings, Conferences, and Congresses

Name of the Activity: _____

Speaker: _____

Abstract (up to 200 words)

Please attach an evaluation component of this educational activity and the CV of the faculty members participating in the educational activity