



# Continuing Education Packet













## MISSION STATEMENT



The Interactive Media institute (IMI), a 501c3 non-profit organization, is certified by the American Psychological Association (APA) to provide Continuing Education (CE) credits for Virtual Reality therapy. IMI's vision is to create an environment where interdisciplinary trainees and researchers come together from around the world to create, test, and develop clinical protocols to be disseminated throughout the medical and psychological community. IMI realizes that the mind and body work in concert to affect quality of life in individuals, and also seeks support to research specific areas in the mental and physical healthcare fields.

- Nationally and internationally recognized
- Has provided training materials and publications in mental health treatment for over a decade
- Sponsors national and international workshops, meetings, and CE courses
- Active in conducting research and clinical trials
- Specializes in virtual reality, telehealth, video game virtual reality, and humancomputer interaction research
- Serves as a source of information, training, and assistance from leading experts in Virtual Reality



The Interactive Media institute is approved by the American Psychological Assocation to sponsor Continuing Education for psychologists. IMI maintains responsibility for this program and its content.



### **INTERACTIVE MEDIA INSTITUTE**

## Continuing Education Credits

### CONTINUING EDUCATION QUESTIONNAIRE

Please print legibly, with your name and degrees, as you would like on your certificate:

Last Name	
First name_	M.I
Degrees	
Affiliation/Institution	
Specialty or Department	
Job Title	
Mailing Address	
Address Line 2	
City/State/Province	
Postal Code & Country	
E-mail	
Website	
Daytime Phone	
Fax	

Please return this evaluation form to the workshop leaders before leaving.

Thank you for your cooperation.



## **INTERACTIVE MEDIA INSTITUTE**

## Continuing Education Credits

#### CONTINUING EDUCATION WORKSHOP EVALUATION FORM

WORKSHOP NAME:								
Please indicate whet	Mostly a clinician Mostly a  Mostly a  Mostly a designer   ase indicate whether you are: (psychologist, MD, etc) researcher (artist, computer engineer, etc.)							
Please select the app The content is in accorda to provide information or	ance with the object	ctives, which are	excellent) B (go	,	<u> </u>	K (not applicable)		
The workshops are supp This workshop provided The content will be usefu	an adequate balar							
The format of the worksh	nop was adequate	to learn:						
The audiovisual was ade  The handouts will be use								
SPEAKERS Please identify/rate each speaker	The quality of the information	The usefulness of the content	The clarity of the presentation	The presentation skills	The interaction with the audience	The impact he/she will have on my practice		
Speaker #1:								
Speaker #2:								
At the end of this work  Comments and sugges		I am very satisfie	d	I am satisfied		am unsatisfied		
- and sugges								

Please return this evaluation form to the workshop leaders before leaving.

Thank you for your cooperation.