**CBMT Approved Provider:** P-065

**NYSED Approved Provider:** CAT-0021

**CMTE Course Title:**

**Course Instructor(s):**

**CMTE Course Date(s):**

**CMTE Course Location:**

**Course Type:**  Live event

**Number of CMTE Credits:**

**Does this event meet criteria as NYSED-approved CE for LCATs?:**  **How many contact hours:**

|  |  |
| --- | --- |
| **LEARNING OBJECTIVES** | **RELATED CBMT *BOARD CERTIFICATION DOMAINS*** |
| *At the end of this course, participants will be able to...* | *The most relevant Board Certification Domain(s) for each objective* |
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**ABSTRACT**

Please provide an abstract describing the course content.

Please provide a detailed course schedule including breaks.

If this course meets part or all of the ethics requirement, how many credits does it fulfill?

Method for evaluating the learning objectives:

This must, at minimum, consist of the [CMTE Course Evaluation Form](http://www.cbmt.org/cbmt-approved-providers/manual-applications-forms/), but must also include additional assessment method(s) as appropriate for the course content (e.g., experiential in nature within the course, a self-graded oral group review led by the presenter, written pre- and post-tests, or another appropriate assessment method):