

Certificates and CEUs



STRONGER TOGETHER

Certificate of Participation

This certifies that

*has successfully completed a training session on recognition
and response to seizures and seizure disorders in a school setting.*

Presenter

Date



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Scientific Education and Professional Development Program Office
 Continuing Education Accreditation and Learner Support Team
 Continuing Education Proposal



2D. Biographical Document

SAMPLE

Training Dates & Locations

Date	Time	Location (include address, city, state and zip code)
March 24, 2013	9 AM	8301 Professional Place, Landover, MD 20785

Provide ONLY ONE: this Bio Form or a CV or biosketch.

Biographical information will be kept confidential. Attach additional pages, if needed.

Date Submitted (mm/dd/yyyy)

Name Degrees
 Position/Title
 Business address
 City State ZIP
 Phone Ext. Fax E-mail

Role (Check all that apply.) Planner Presenter (Live activity) Content expert (Enduring activity)

Education. **Include basic preparation through highest degree held.**

Degree	Year	Institution, City, State	Major Area of Study
Phd	In progress	Walden University	Community Health Education and Promotion
MPH	2007	University of Medicine and Dentistry of New Jersey	Urban Health Administration
BS	2004	Penn State University	Biology

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2D. Biographical Document

Qualifications relevant to this educational offering. What qualifies you to present, contribute content, or be a planner for this educational offering. Briefly describe only the relevant expertise and publications.

Upon attaining my undergraduate degree I have been working in health educating. I have been a health educator, I've assisted in amending curriculums, and I've also designed curriculums from the ground up. I also have experience in conducting research studies with the use of behavioral health theories. I have an affinity to youth related programming. I am currently in the process of being a published co-author on research that was conducted on an intervention designed for the YMSM (Young men who sleep with men) community in the south Bronx, NY.

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2C. Disclosure

SAMPLE

Disclosure of Relevant Financial Relationships with Commercial Interests

Complete and sign. Attach additional pages, if needed. This form will be kept confidential. Do not use acronyms.

1. Planner/Presenter/Content Expert

Name Temi Aregbesola Degrees BS,MPH
 Title/position Program Manager
 Organization Epilepsy Foundation

2. I have relevant financial relationships with commercial interests.

Yes — Complete item #3 No — Skip to item #4

3. In the table below, disclose information on relevant financial relationships with commercial interests. Attach additional pages, if needed.

Commercial Interest	What was received? (Salary, honorarium, stocks, etc.)	For what role? (Employee, management position, consultant, board member, etc.)

For Planners

4. Describe your role as planner.

Planner ONLY. I will not present or contribute content — Skip to item #7.
 Planner AND presenter/content expert — Complete item #5.

For Presenters/Content Experts

5. Describe your role. Check all that apply.

Presenter (Live activity ONLY) Content expert (Enduring activity ONLY)

6a. Presentation title(s) or content provided

Seizure Training for School Personnel

6b. Will your presentation(s), or the content you contributed, include any discussion of unlabeled use of commercial products or products for investigational use?

Yes — Complete item #6c No — Skip to item #6d

6c. If Yes, please explain your use of unlabeled products or products under investigational use. Attach additional pages, if needed.

6d. Is your presentation, or the content you contributed, supported by the best available knowledge or evidence?

Yes No

7. Signature: Temi Aregbesola Date: 11/21/12

FOR DEVELOPERS ONLY:

Indicate mechanism used to resolve real or perceived conflict of interest to be documented in Form 2E.

Discussion with content expert/presenter Review of content/presentation

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Name Degrees
 Title/position
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Yes No

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FOR DEVELOPERS ONLY:

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Seizure Training For School Personnel

Trainer Name: _____

Training Date: _____

Course Evaluation

Continuing education for this activity is available through the *CDC Training and Continuing Education Online* system only. Please follow the instructions provided below. You must complete the online evaluation within **one month of your training date** to receive your continuing education or your certificate of completion.

To complete online evaluation:

- Go to the *CDC Training and Continuing Education Online* at <http://www.cdc.gov/tceonline/>. If you have not registered as a participant, click on **New Participant** to create a user ID and password; otherwise click on **Participant Login** and login.
- Once logged on to the *CDC/ATSDR Training and Continuing Education Online* website, you will be on the **Participant Services** page. Click on **Search and Register**. Use either search method to locate the course and click on **View**.
- Click on the course. The course information page will come up. Scroll down to **Register Here**. Click on the type of CE that you would like to receive and then **Submit**. Three demographic questions will come up. Complete the questions and then **Submit**.
- If you have already completed the course you may choose to go right to the evaluation. You will be asked to enter the **Verification Code EFASTFSP** prior to completing the evaluation. Complete the evaluation and **Submit**. A record of your course completion and your CE certificate will be located in the **Transcript and Certificate** section of your record.

If you have any questions or problems contact:

CDC/ATSDR Training and Continuing Education Online

1-800-41TRAIN

Email at ce@cdc.gov



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