

MONTANA BOARD OF PSYCHOLOGISTS  
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**STUDY GROUP CONTINUING EDUCATION FORM**

Send in with Renewal Form if CE is obtained in a study group setting - **no more than 20 C.E.U.'s**

**NAME:** \_\_\_\_\_ **License Number** \_\_\_\_\_

*Please complete separately for each study group in which you participated.*

- I. Regular members of the study group included, but were not limited to the following persons. If members are not licensed psychologists, provide professional affiliation and address. At least 3 other psychologists or mental health professionals must attend.

Name	Professional Affiliation	Address

- II. Activities in which I participated in the study group were:

Date (Include year)	Topic of Study	Name of Recorder	Hours of Group Contact