CSPA Continuing Education Program

Verification of Attendance Form for Category A

Participant Name:		Workshop/Course I	Date:	
Dianne Ruth	Little, Ph.D.	March through De	cember 1990	
Name of Provider Organization	:			
SOUTHERN CAL	IFORNIA SOCIETY OF (CLINICAL HYPNOSIS		
Workshop/Course Title:				
A COURSE IN	HYPNOTHERAPY			
Credit Hours: (Lecture/Dis	cussion - hour for hour) (4 hours credi	t per monthly sessi	on
	24 hour	es ,		
Participating psychologist in Caffix this verification to your A			egory A credit - Pleas	se
Attendance Verification:	Karnie	Starrett		_
	Leader or A	Karnie Starı Authorized Signature	cett, Exec. Director	c