



# INTERACTIVE MEDIA INSTITUTE

## *Continuing Education Packet*



**Interactive Media Institute**  
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# 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 human-computer 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 Association 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.**



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## *Continuing Education Credits*

### CONTINUING EDUCATION WORKSHOP EVALUATION FORM

**WORKSHOP NAME:** \_\_\_\_\_

**SPEAKER(S) NAME :** \_\_\_\_\_

<b>Please indicate whether you are:</b>	<input type="checkbox"/> Mostly a clinician (psychologist, MD, etc)	<input type="checkbox"/> Mostly a researcher	<input type="checkbox"/> Mostly a designer (artist, computer engineer, etc.)	<input type="checkbox"/> Other (specify) :
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**Please select the appropriate choice among:** A (excellent) B (good) C (average) D (bad) X (not applicable)

The content is in accordance with the objectives, which are  
to provide information on basic topics such as equipment, cybersickness, presence and other technical aspects of VR : A B C D X

The workshops are supposed to rely strongly on empirical data but also provide practical training.  
This workshop provided an adequate balance between rigorous science and clinical relevance: A B C D X

The content will be useful in my practice: A B C D X

The format of the workshop was adequate to learn: A B C D X

The audiovisual was adequate: A B C D X

The handouts will be useful: A B C D X

<b>SPEAKERS</b>						
<b>Please identify/rate each speaker...</b>	<b>The quality of the information</b>	<b>The usefulness of the content</b>	<b>The clarity of the presentation</b>	<b>The presentation skills</b>	<b>The interaction with the audience</b>	<b>The impact he/she will have on my practice</b>
<b>Speaker #1:</b>	A B C D X	A B C D X	A B C D X	A B C D X	A B C D X	A B C D X
<b>Speaker #2:</b>	A B C D X	A B C D X	A B C D X	A B C D X	A B C D X	A B C D X

**At the end of this workshop...**  I am very satisfied  I am satisfied  I am unsatisfied

**Comments and suggestions**

\_\_\_\_\_

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**Thank you for your cooperation.**