



CME / CE Activity Detail Page

Transform Trauma Oxford 2026 - Masters Events

Activity Date: September 14, 2026 - September 17, 2026

Activity Type: Live

Location: Oxford, UK

CE: 20.5 total credits

JA-PARS Activity ID: 203753369

ACPE UAN - Pharmacists: JA4008385-9999-26-088-L99-P

ACPE UAN - Pharmacy Technicians: JA4008385-9999-26-088-L99-T

This activity offers 20.5 CE credit(s) for:

1. Psychologists (APA CE)
2. Physicians (*AMA PRA Category 1 Credit™*)
3. Nurses (ANCC NCPD)
4. Pharmacists (ACPE CPE)
5. Physician Assistants (AAPA Category 1)
6. Social Workers (ASWB-ACE)
7. Dietitians (CDR CPEUs)
8. Dentists (ADA-CERP CE)
9. Athletic Trainers (BOC CEUs)
10. Interprofessional Continuing Education (IPCE)
11. Other*

*All other attendees will receive an *AMA PRA Category 1 Credit™* participation certificate

FACULTY:

See the faculty in the disclosure section.



INSTRUCTIONS FOR LEARNING

This live conference brings together internationally recognized experts in trauma, mental health, neuroscience, and integrative care to explore the theme Science, Spirit, and the Body: The Synthesis of Healing. Through evidence-informed presentations, experiential learning, and interdisciplinary dialogue, participants will examine how neuroscience, embodied practice, and spirituality can be integrated to support whole-person healing and trauma-informed care. Content is delivered through keynote presentations, panel discussions, experiential workshops, reflective practice sessions, and interactive learning experiences. The activity emphasizes ethical, patient-centered care that bridges scientific evidence with lived experience to improve health and wellbeing. The live conference format encourages active participation, interdisciplinary collaboration, and reflective learning while allowing participants to engage directly with faculty and peers. To claim continuing education credit, participants must attend the educational sessions and complete the post-activity evaluation. Throughout the activity, learners will strengthen their understanding of integrative trauma-informed care and develop practical approaches applicable across diverse healthcare and therapeutic settings.

STATEMENT OF NEED

Growing evidence from neuroscience, trauma research, and integrative medicine demonstrates that effective healing extends beyond symptom reduction to include nervous system regulation, embodied awareness, relational safety, and meaning-making. Despite these advances, many healthcare professionals continue to practice within predominantly biomedical or cognitive frameworks that provide limited guidance on integrating somatic approaches and the spiritual dimensions of patient care. As a result, opportunities to provide comprehensive, whole-person care may be missed. Observable practice gaps include limited integration of evidence-based somatic interventions into routine clinical care, insufficient education on addressing patients' spiritual and existential concerns ethically and inclusively, fragmentation between scientific research and experiential healing practices, and rising clinician burnout associated with disembodied models of care. Learners have expressed growing interest in educational opportunities that combine neuroscience with practical, trauma-informed strategies that support both patient and clinician wellbeing.



LEARNING OBJECTIVES BY SESSION:

Monday 13:30 - Too Much of Nothing: A Short Course in Neglect-Informed Psychotherapy - 4 CE - Ruth Cohn

After participating in this activity, learners will be able to:

1. Explain why neglect trauma is a critical and often overlooked component of developmental and attachment-based trauma.
2. Describe the fundamental impacts of dysregulation on the nervous system, with specific emphasis on neglect trauma.
3. Identify key clinical indicators and presentations of neglect trauma in therapeutic settings.
4. Analyze the concepts of "the dilemma without solution" and profound interpersonal ambivalence as central features of neglect trauma.
5. Demonstrate foundational strategies for constructing therapeutic narrative when explicit verbal memory is limited or absent.
6. Recognize common transference and countertransference challenges associated with neglect-informed psychotherapy.

Monday 13:30 - The Atlas of the Traumatized Brain: A Sensory Roadmap for Healing - 4 CE - Ruth Lanius - Benjamin Pandev-Girard - Breanne Kearney - Sherain Harricharan

After participating in this activity, learners will be able to:

1. Describe core brain networks and sensory systems involved in PTSD, and map common trauma symptoms onto underlying neural and sensory processes.
2. Apply an integrative approach that combines bottom-up (sensory-based) and top-down strategies to inform assessment and treatment planning for traumatic stress.
3. Use a sensory framework to distinguish trauma-related responses from neurodiversity and incorporate this understanding into case formulation and intervention selection.
4. Examine how restoring sensory pathways can foster meaning-making, deepen connection to self and others, and nurture spirituality as part of trauma recovery.



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Tuesday 09:00 - From Survival to Sovereignty: Exploring Somatic-Empowerment as a Pathway to Holistic Trauma Healing - 1.5 CE - Raoul Goldberg - Dana Smirin

After participating in this activity, learners will be able to:

1. Describe the foundational understanding of trauma and healing that underpins NARM, IFS, EMDR, Craniosacral Therapy, and polyvagal-informed dance and movement therapy.
2. Identify how presence, attunement, and moment-to-moment tracking of nervous system, relational and embodied cues guide when and how each practitioner begins and paces their work with a client.
3. Compare the role the body plays across these approaches-as a source of information, as the site of intervention, or both.
4. Discuss how spirit is understood and engaged within each approach, and what it contributes to the work.

Tuesday 09:00 - Panel - How We Meet Trauma: Five Practitioners, Five Ways of Working with Body, Mind, and Spirit - 1.5 CE - Maya Vaughan - Amber Gray - Laura Patryas - Josh Dickson - Dorine Siccama

After participating in this activity, learners will be able to:

1. Differentiate the core clinical mechanisms and therapeutic aims of polyvagal-informed and dance/movement-based approaches, NARM, IFS, EMDR-informed practice, and CST (Craniosacral Therapy) in the treatment of trauma.
2. Assess nervous system cues, relational safety, parts dynamics, and embodied signals to determine appropriate modality selection, sequencing, and pacing in complex and developmental trauma.
3. Formulate a coherent, multi-modal treatment plan that integrates stabilisation, developmental and relational repair, parts-based work, movement-informed integration, and memory processing in alignment with client presentation and clinical context.



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Tuesday 11:15 - Nature Abhors a Vacuum: Neglect Trauma and the Problem of Faith - 1.5 CE - Ruth Cohn

After participating in this activity, learners will be able to:

1. Identify ways that neglect trauma may heighten vulnerability to the need for an attachment figure, including potential spiritual, relational, and clinical ramifications.
2. Describe how spirituality may function as a form of avoidance or bypass of human relationships and relational repair.
3. Examine how clinicians' own spiritual biases may consciously or unconsciously enter the therapeutic field.

Tuesday 11:15 - A Path to Wholeness: Trauma, Spirituality, Energy, and Science - 1.5 CE - Frank Anderson

After participating in this activity, learners will be able to:

1. Describe how trauma can disrupt connection and meaning across the body, the mind, the self, in relationships, and within one's spiritual life.
2. Identify how integrative trauma practices such as meditation, breathwork, embodiment, movement, and energy work can support healing and resilience.
3. Discuss how spirituality and clinical approaches can be incorporated into trauma treatment to support a greater sense of wholeness.

Tuesday 14:15 - Dissociation: The Missing Link in Complex Trauma Recovery - 1.5 CE - Ruth Lanius

After participating in this activity, learners will be able to:

1. Understand how dissociation shapes the experience of time, thought, body, emotion, and relationships.
2. Apply the Finding Solid Ground framework to establish grounding, presence, regulation, self-compassion, and relational capacity in clients.
3. Integrate Deep Brain Reorienting to safely address disembodiment and facilitate reintegration of fragmented experience.



Tuesday 16:30 - Embracing Our Fragmented Selves: A Mindful Approach to Working with Trauma-Related Parts - 1.5 CE - Janina Fisher

After participating in this activity, learners will be able to:

1. Describe the structural dissociation theory (Van der Hart, O., 2021).
2. Identify triggered trauma responses as implicit memories (Alexandra-Kredlow et al, 2022; Perl et al, 2023).
3. Implement mindfulness-based techniques to treat implicit memories held by parts (Goldberg et al, 2022, Joss & Teicher, 2021).
4. Employ interventions for increasing self-empathy and self-compassion (Neff, 2022).

Tuesday 16:30 - Open Dialogue & Mindful Listening: How Healing Happens in Relationship - 1.5 CE - Russell Razzaque

After participating in this activity, learners will be able to:

1. Understand how the way we listen can help people feel safer, more connected and more able to heal.
2. Recognise the difference between listening to understand and listening to solve or fix someone's problems.
3. Practise simple listening skills that encourage openness, curiosity and genuine connection in conversations.
4. Learn how to reflect in a way that demonstrates deep empathy and authentic validation.

Tuesday 16:30 - What have we always known about trauma? - 1.5 CE - Christy Gibson

After participating in this activity, learners will be able to:

1. Apply knowledge of ancient art of trauma healing to modern practice and develop an approach to exploring one's own lineage for their ancestral healing tools.
2. Explore evidence and neurophysiology behind ancient practices (herbal medications, Ayurvedic techniques, Qi gong, and yoga) embodying practices that have been used for centuries.
3. Determine when innate somatic skills will be supportive of psychological wellbeing and healing from trauma.



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Wednesday 09:30 - Soul Wounds: Understanding the biological and psychological toll of emotional abuse and discrimination, and leveraging communities for healing - 1.5 CE - Wendy D'Andrea - Lucy Miller-Suchet

After participating in this activity, learners will be able to:

1. Understand the mental health impact of non-contact forms of violence such as emotional abuse and discrimination.
2. Describe the association of emotional abuse and discrimination with changes in physiology and observable behavior.
3. Identify means of reducing the suffering associated with non-contact violence.

Wednesday 09:30 - When Trauma Is Structural: Poverty, Neglect, and the Developing Self - 1.5 CE - Darren McGarvey - Ed Tronick - Ruth Cohn

After participating in this activity, learners will be able to:

1. Explain how poverty, neglect, and social abandonment shape the development of trauma through neurobiological, relational, and embodied pathways, particularly in early childhood.
2. Describe how chronic stress and deprivation become biologically and somatically embedded, influencing stress regulation, attachment, and long-term health outcomes.
3. Analyse how meaning, dignity, and agency are affected when trauma is experienced within contexts of poverty and neglect, and how these dimensions are often overlooked in medicalised models.
4. Apply an integrated framework that brings together developmental science, embodiment, and relational ethics to inform more socially responsive and reparative approaches to trauma care.

Wednesday 11:30 - Science and Spirituality: Finding the Common Ground Through Integrating Consciousness - 1.5 CE - Dan Siegel - William Sieghart

After participating in this activity, learners will be able to:

1. Identify two features of a spiritual experience.
2. Name the physics view of two realms of our one reality.
3. Describe the two key features of integrating consciousness that are differentiated and linked to make the two realms of reality accessible in everyday life.



Wednesday 11:30 - Becoming Us: Practical Strategies for Building Relational Resilience in Early Life - 1.5 CE - Ed Tronick- Jaclyn Ruggiero

After participating in this activity, learners will be able to:

1. Describe how prematurity and NICU hospitalization create an environment of ongoing relational stress that requires environmental and relational systems for stabilization.
2. Recognize how parental stress and uncertainty affect emotional availability, and identify the role of clinicians and the NICU environment in co-regulation and relational repair.
3. Apply practical strategies that strengthen resilience, healing, and meaning-making across infant-parent-care team systems

Wednesday 14:15 - IFS, Legacy Burdens & Spirituality - 1.5 CE - Dick Schwartz

After participating in this activity, learners will be able to:

1. Define and differentiate personal burdens and legacy burdens within the Internal Family Systems (IFS) model, including how each type of burden develops and manifests in clients' internal systems.
2. Identify and apply clinical strategies for working with legacy burdens, including methods for accessing, witnessing, and facilitating the unburdening process while maintaining client safety and therapeutic attunement.
3. Evaluate and respond to spiritual or transpersonal experiences that may arise during IFS work, using a grounded, client-centered framework that supports meaning-making without imposing interpretation.

Wednesday 14:15 - Nine Months of Therapy in Three Days - 1.5 CE - Priscilla Short

After participating in this activity, learners will be able to:

1. Understand what it means to work intensively with trauma and couple relationships.
2. Understand why intensive formats are so powerful in transforming relational trauma.
3. Recognise how the intensive format facilitates change when relational trauma underpins couple distress.
4. Learn how therapists can structure and safely deliver intensive therapeutic work that supports deep relational repair and sustained change.



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Wednesday 16:30 - The Brain That Learns Too Well; Vulnerability, Addiction, and the Science of Resilience - 1.5 CE - Rayyan Zafar

After participating in this activity, learners will be able to:

1. Explain how the "brain that learns too well" through dopamine-mediated plasticity underlies both addiction/trauma and resilience, and how stress and trauma bias these learning systems toward rigidity.
2. Compare ceremonial and clinical models of psychedelic healing, understanding how different contexts can engage similar neural mechanisms while shaping meaning and integration in distinct ways.
3. Reflect on the role of the body and relational safety as core sites of transformation.
4. Critically evaluate what neuroscience can and cannot measure in transformative experiences and consider how scientific investigation and spiritual insight might be synthesised in the future of psychedelic studies in trauma and addiction healing.

Thursday 09:00 - IPNB in Action: A Living Synthesis of Science, Spirit, and Healing - 1.5 CE - Sally Maslansky - Dan Siegel

After participating in this activity, learners will be able to:

1. Describe the therapeutic bond as a process promoting the integration of science, body, and relational attunement — in the treatment of and full recovery from DID.
2. Apply IPNB-informed concepts, including implicit memory, the window of tolerance, the Wheel of Awareness, and the Plane of Possibility.
3. Articulate a strengths-based understanding of DID as an adaptive, life-saving process — understanding dissociative self-states as verbs, not nouns.

Thursday 09:00 - Taking Note of Development, Dynamic Dyadic Systems, and Trauma - 1.5 CE - Ed Tronick

After participating in this activity, learners will be able to:

1. Explain how children develop as open, dynamic systems within relationships, and the implications of this perspective for healthy development and trauma recovery.
2. Evaluate the strengths and limitations of trauma-informed approaches across clinical and developmental contexts.
3. Describe the role of mismatch and repair in infant-caregiver interactions and examine how these processes contribute to resilience, attachment, and long-term psychological development.



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Thursday 09:00 - Ancient Wisdoms to Navigate the Polycrises: Suffering, Freedom and the Language of the Soul - 1.5 CE - Linda Thai

After participating in this activity, learners will be able to:

1. Describe the core elements of the Buddha's Four Noble Truths and Five Remembrances, including how they function as a clinical "map" for working with dukkha (suffering).
2. Identify at least 3 clinical presentations that may reflect deeper concerns of identity, belonging, and purpose beyond symptom-level distress.
3. Apply a nature-based developmental and initiation-informed lens to a client vignette by formulating at least 2 hypotheses about how cultural trauma and inherited identities contribute to distress.
4. Demonstrate at least one brief, trauma-informed guided practice that supports embodied presence with suffering while reducing avoidant or shame-based coping and strengthening client resources.

Thursday 11:15 - Radical Healing: Integrating Anti-Oppressive Self-Care, Spirituality, Social Justice and Relational Growth for Well-being - 1.5 CE - Myira Khan

After participating in this activity, learners will be able to:

1. Understand how systemic oppression and cultural context influence practitioner wellbeing and capacity to heal and support healing for others.
2. Reframe self-care as an anti-oppressive, spiritual, relational, collective and socially conscious practice.
3. Explore strategies for integrating identity, personal values, spirituality, relational experiences, neuroscience and embodied experience into sustainable practice.
4. Reflect on the integration of evidence, lived experience, and spiritual wisdom in supporting resilience, robustness and collective wellbeing.
5. Begin to develop a personalised Anti-Oppressive Self-Care Map linking and supporting the development of identity, spiritual practice and healthy relationships, towards supporting a sustainable healing and well-being practice.



Thursday 11:15 - Perceiving Transformation: The Science and Spirit of Belonging - 1.5 CE - Martha Newson

After participating in this activity, learners will be able to:

1. Explain how social identification and identity fusion are different forms of belonging that help account for behaviour change.
2. Apply examples from sport, prisons, festivals and psychedelic therapy to understand how shared ritual and perceived transformation can reduce stigma and strengthen connection.
3. Recognise core approaches to measuring social cohesion and belonging, including self-report, behavioural, and physiological methods.

Thursday 11:15 - IFS, Food, and the Body: Self as Synthesizer - 1.5 CE - Jeanne Catanzaro

After participating in this activity, learners will be able to:

1. Identify three common therapist "parts" that may arise when treating clients with disordered eating and eating disorders.
2. Describe the impact of sociocultural messages about food and body on both client and clinician parts.
3. Describe the role of Self-energy in IFS and its relevance to effective treatment of disordered eating and eating disorders.
4. Identify two IFS interventions that facilitate clinicians' access to Self-energy.

Thursday 11:15 - "But only children ask for care": A decade of working with men in war and displacement - 1.5 CE - Mike Niconchuk - Gabriella Brent

After participating in this activity, learners will be able to:

1. Identify entry points for engaging men in conflict and post-conflict settings who are hesitant to discuss trauma.
2. Analyze the cultural, social, spiritual, practical, and emotional barriers that hinder mental health and psychosocial support for men in humanitarian and conflict contexts.
3. Explore how men in materially unsafe environments describe, seek, and maintain a sense of safety.
4. Apply insights from research and fieldwork to design or adapt interventions that effectively address the mental health and psychosocial care of men in conflict-affected settings.



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Thursday 16:30 - Trauma and Who We Really Are: The Heart's Deepest Need - 1.5 CE - Jack Kornfield

After participating in this activity, learners will be able to:

1. Reconsider prevailing models of trauma, recognising both their contributions and limitations in addressing the deeper human and existential dimensions of suffering.
2. Identify core relational and emotional needs underlying traumatic experience, described as the heart's deepest need.
3. Explore the role of spiritual and transpersonal perspectives in trauma healing, and how these may support transformative release when integrated responsibly.
4. Reflect on and apply insights from teaching stories, case examples, and experiential practices to broaden understanding of trauma and healing.

Thursday 16:30 - Neuroscience, Attachment, and New Modalities: Rethinking the Treatment of Traumatic Stress - 1.5 CE - Bessel van der Kolk

After participating in this activity, learners will be able to:

1. Differentiate disorganised attachment from traumatic stress and other attachment patterns using developmental history, neurobiology, and clinical presentation.
2. Explain how key brain networks involved in traumatic stress influence perception, memory, emotion regulation, and self-experience.
3. Apply neuroscience- and attachment-informed frameworks to assess complex trauma and develop integrative, phase-oriented treatment strategies.

Thursday 16:30 - Uncertainty as Medicine: Neurobiology, Ritual, and the Healing Power of Not Knowing - 1.5 CE - Arabella Begin

After participating in this activity, learners will be able to:

1. Explain the neurobiological mechanisms underlying human discomfort with uncertainty.
2. Analyse the role of ritual, belief, and meaning-making systems in regulating uncertainty and supporting trauma recovery.
3. Identify practical strategies to transform automatic responses to uncertainty, including cognitive reframing, embodied practices, and relational approaches.
4. Evaluate how modern social, technological, and medical environments amplify uncertainty, and apply frameworks for supporting individuals and communities in navigating these pressures with greater resilience and clarity.



TARGET AUDIENCE

This activity is designed for Physicians, Nurses, Nurse Practitioners, Physician Assistants, Psychologists, Psychotherapists, Social Workers, Licensed Counselors, Allied Health Professionals, Trauma Specialists, Mental Health Clinicians, and other healthcare professionals involved in the assessment, treatment, and support of individuals affected by trauma and mental health conditions.

It is particularly relevant for clinicians practicing in psychiatry, primary care, integrative medicine, behavioral health, psychology, psychotherapy, counseling, social work, and other disciplines seeking to strengthen their knowledge of trauma-informed, evidence-based, and whole-person approaches that integrate neuroscience, embodiment, and spirituality into patient care.

DISCLOSURE DECLARATION:

It is the policy of Pinnacle Conference, LLC, to ensure independence, balance, objectivity, scientific rigor, and integrity in all of their CE activities. Faculty must disclose to the participants any relationships with commercial companies whose products or devices may be mentioned in faculty presentations, or with the commercial supporter of this CE activity. Pinnacle Conference, LLC, has evaluated, identified, and mitigated any potential conflicts of interest through a rigorous content validation procedure, use of evidence-based data/research, and a multidisciplinary peer review process. The following information is for participant information only. It is not assumed that these relationships will have a negative impact on the presentations.

Faculty Disclosures

Amber Elizabeth Gray has nothing to disclose.

Arabella Begin has nothing to disclose.

Benjamin Pandev-Girard has nothing to disclose.

Bessel van der Kolk, MD, has nothing to disclose.

Breanne Kearney has nothing to disclose.

Christy Gibson has nothing to disclose.

Dan Siegel has nothing to disclose.

Dana Smirin has nothing to disclose.

Darren McGarvey has nothing to disclose.

Dick Schwartz has nothing to disclose.

Dorine Siccama has nothing to disclose.

Ed Tronick has nothing to disclose.

Frank Anderson has nothing to disclose.

Gabriella Brent has nothing to disclose.



Jack Kornfield has nothing to disclose.
Jaclyn Ruggiero has nothing to disclose.
Janina Fisher has nothing to disclose.
Jeanne Catanzaro has nothing to disclose.
Josh Dickson has nothing to disclose.
Laura Patryas has nothing to disclose.
Linda Thai has nothing to disclose.
Lucy Miller-Suchet has nothing to disclose.
Martha Newson has nothing to disclose.
Maya Vaughan has nothing to disclose.
Mike Niconchuk has nothing to disclose.
Myira Khan has nothing to disclose.
Priscilla Short has nothing to disclose.
Raoul Goldberg has nothing to disclose.
Rayyan Zafar has disclosed several financial relationships: Research Advisor at ITER Investments; Consultant and Senior Scientist at Drug Science; Advisor at RELM; Chief Scientific Officer at MyMoodeys; Author at Penguin Random House.
Russell Razzaque has nothing to disclose.
Ruth Cohn has nothing to disclose.
Ruth Lanius, MD, has nothing to disclose.
Sally Maslansky has nothing to disclose.
Sherain Harricharan has nothing to disclose.
Wendy D'Andrea has nothing to disclose.
William Sieghart has nothing to disclose.

Planning Committee

Araminta Jonsson has nothing to disclose.
Rebecca Burnett has disclosed a financial relationship: Employee at Portobello Behavioural Health.
Maya Thethy has nothing to disclose.
Pamela Mehta, MD, has nothing to disclose.

Content Reviewer

Shafqat Abbas, PharmD, has nothing to disclose.

All relevant financial relationships have been evaluated and mitigated.



Unlabeled Use Disclosure

Faculty of this CME/CE activity may include discussions of products or devices that are not currently labeled for use by the FDA. The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational uses (any uses not approved by the FDA) of products or devices. Pinnacle Conference, LLC, the faculty, planners, and Masters Events do not endorse the use of any product outside of the FDA-labeled indications. Medical professionals should not utilize the procedures, products, or diagnosis techniques discussed during this activity without evaluation of their patient for contraindications or dangers of use.

CREDIT INFORMATION

Jointly Accredited Provider

In support of improving patient care, this activity has been planned and implemented by Masters Events and Pinnacle Conference, LLC. Pinnacle Conference, LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Physicians - ACCME

Pinnacle Conference, LLC, designates this Live activity for a maximum of 20.5 *AMA PRA Category 1 credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Note to Nurse Practitioners: Nurse practitioners can apply for *AMA PRA Category 1 credits™* through the American Academy of Nurse Practitioners (AANP). AANP will accept *AMA PRA Category 1 credit™* from Jointly Accredited Organizations. Nurse practitioners can also apply for credit through their state boards.

Nurses - ANCC

This activity is designated for 20.5 contact hours.

Pharmacists - ACPE

To receive CPE credit through CPE Monitor, please ensure you have provided your NABP ePID number and DOB appropriately. If you are unsure or would like to confirm, please contact ce@learnatpinnacle.com within 60 days of completing the activity.



Physicians Assistants - AAPA



Pinnacle Conference, LLC has been authorized by the American Academy of Physician Associates (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 20.5 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Psychologists - APA



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

Athletic Trainers - BOC



Pinnacle Conference, LLC (BOC AP#: JA4008385) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs). This program is eligible for a maximum of (20.5) Category A hours/CEUs. ATs should claim only those hours actually spent in the educational program.

Registered Dietitians - CDR



Completion of this RD/DTR profession-specific or IPCE activity awards CPEUs (1 IPCE credits = 1 CPEU). If the activity is dietetics-related but not targeted to RDs or DTRs, CPEUs may be claimed which are commensurate with participation in contact hours (1 hour/60 minutes = 1 CPEU). RDs and DTRs are to select activity type 102 in their Activity Logs. Performance Indicator selection is at the learner's discretion.



Social Workers - ASWB



As a Jointly Accredited Organization, Pinnacle Conference, LLC is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program.

Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 20.5 General continuing education credits.

Dentists - ADA-CERP CME



Pinnacle Conference, LLC is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to

the Commission for Continuing Education Provider Recognition at ADA.org/CERP. Pinnacle Conference, LLC designates this activity for 20.5 hours continuing education credits. Concerns or complaints about a CE provider may be directed to the provider, or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

(IPCE) Interprofessional Continuing Education Credit



This activity was planned by and for the healthcare team, and learners will receive 20.5 Interprofessional Continuing Education (IPCE) credits for learning and change.