DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Returning to College After Concussions and Mild Brain Injuries

August 13, 2015; 1-2:30 p.m. (ET)

Presenter:

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Moderator:

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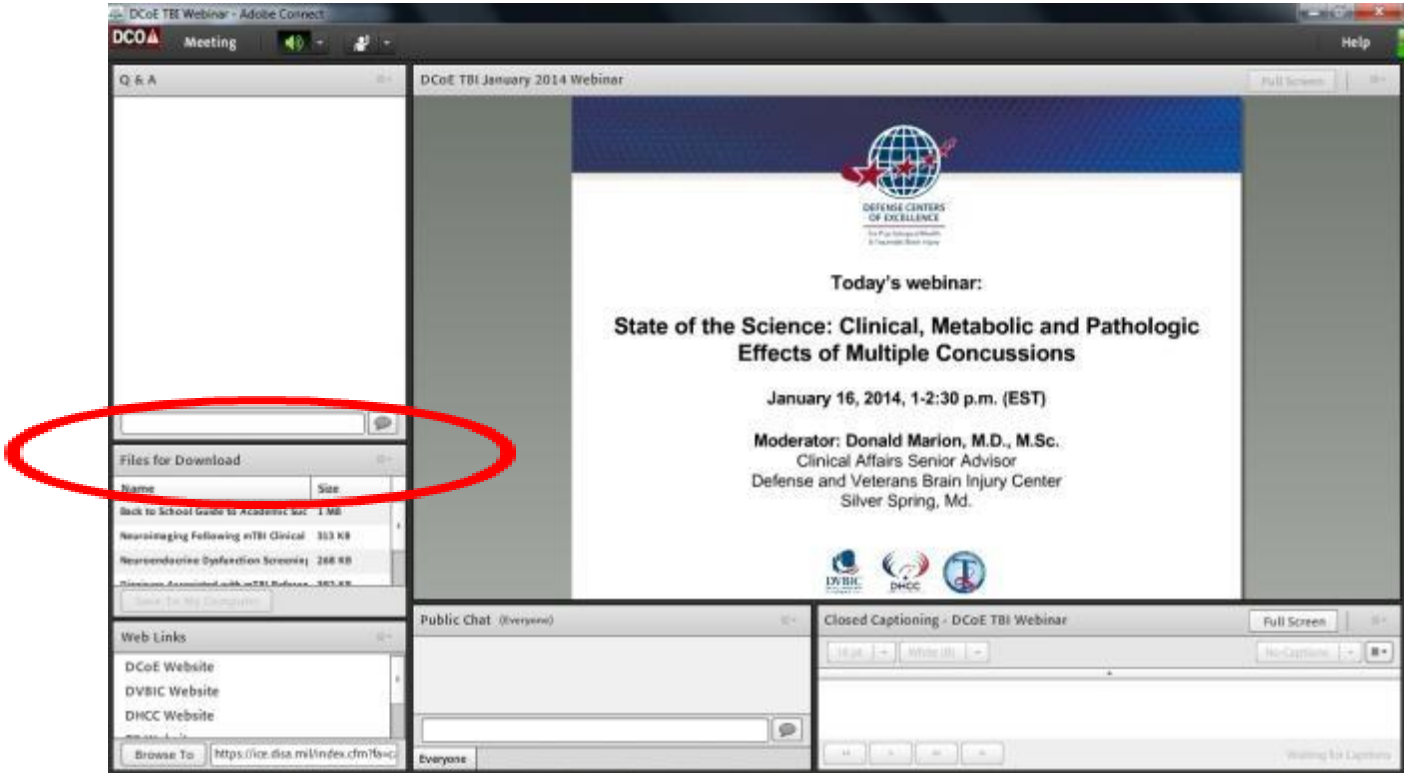
DVBIC
DHCC

Webinar Details

- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
- Webinar audio is **not** provided through Adobe Connect or Defense Connect Online
  - Dial: CONUS **800-369-2075;** International **773-799-3736** Use participant pass code: **9942561**
- Question-and-answer (Q&A) session
  - Submit questions via the Q&A box

Resources Available for Download

Today's presentation and resources are available for download in the "Files" box on the screen, or visit **dvbic.dcoe.mil/online-education**



Continuing Education Details

- DCoE's awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.

- The authority for training of contractors is at the discretion of the chief contracting official.
  - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

Continuing Education Accreditation

- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- Credit Designations include:
  - 1.5 AMA PRA Category 1 credits
  - 1.5 ANCC nursing contact hours
  - 1.5 APA Division 22 contact hours
  - 1.5 ACCME AMA PRA Category 1 credits
  - 1.5 CRCC continuing hours
  - 0.15 ASHA, Intermediate level continuing hours
  - 1.5 NASW continuing hours

Continuing Education Accreditation

Physicians
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Professional Education Services Group and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCOE). Professional Education Services Group is accredited by the ACCME to provide continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of AMA PRA Category 1 Credits™. Physicians should only claim credit to the extent of their participation.

Psychologists
This activity is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

Nurses
Nurse CE is provided for this program through collaboration between DCOE and Professional Education Services Group. Professional Education Services Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides a maximum of 1.5 contact hours of nurse CE credit.

Speech-Language Professionals
This activity will provide 0.15 ASHA CEUs (Intermediate level, Professional area).

Continuing Education Accreditation

Occupational Therapists
(ACCME Non Physician CME Credit) For the purpose of recertification, The National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit ™ from organizations accredited by ACCME. Occupational Therapists may receive a maximum of 1.5 hours for completing this live program.

Physical Therapists
Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit ™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

Rehabilitation Counselors
The Commission on Rehabilitation Counselor Certification (CRCC) has pre-approved this activity for 1.5 clock hours of continuing education credit.

Social Workers
This activity is approved by The National Association of Social Workers (NASW) for 1.5 Social Work continuing education contact hours.

Other Professionals
Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

Summary and Learning Objectives

Increased awareness, improved treatment and greater access to educational supports have prompted a rise in interest about the effects of concussions and brain injuries on the pursuit of postsecondary education. Many students with mild brain injuries experience minimal effects after the first few weeks or months, thus making the impact on academic progress negligible. However, other students — as well as people with good recoveries from more severe initial injuries — experience chronic cognitive, physiological and psychosocial impairments that negatively affect academic performance and overall life satisfaction.

This webinar will present recent research and explore strategies and accommodations that contribute to the achievement of educational goals of college students who have sustained brain injury.

At the conclusion of this webinar, participants will be able to:

- Articulate the note-taking challenges of college students with brain injury and describe support strategies and accommodations
- Describe challenges and efficient strategies for maximizing reading comprehension of college students with brain injuries
- Examine the importance of balancing educational, social, and daily living activities for college students living with chronic brain injury conditions

Karen Hux, Ph.D.

Karen Hux, Ph.D., CCC-SLP

- Certified and licensed speech-language pathologist and full professor in the Department of Special Education and Communication Disorders at the University of Nebraska – Lincoln
- Her teaching and research interests focus on the language and cognitive challenges of people with cognitive-communication deficits or aphasia secondary to acquired brain injuries
- Has published extensively about cognitive and communication challenges associated with neurological impairments
- Education:
  - B.M., Music, Michigan State University
  - B.A., Speech and Hearing Sciences, Michigan State University
  - M.A., Speech-Language Pathology, Michigan State University
  - Ph.D., Speech-Language Pathology, Northwestern University

Interpretation of Findings

- Student preference for having copies of PowerPoint slides
- Tendency for students to record only what instructor wrote on slides

(Hux et al., 2015)

Next Directions

- Use “smart pen” technology
- Combine supports
  - Peer notes provided only as a supplement to self-generated notes
- Provide study guides rather than copies of presentation slides

Returning to College After Concussions and Mild Brain Injuries

Karen Hux, Ph.D.
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Department of Special Education and Communication Disorders
University of Nebraska – Lincoln

August 13, 2015

University of Nebraska Lincoln

Disclosures

- The views and opinions expressed in this presentation are those of Dr. Karen Hux and do not represent official policy of the Department of Defense (DoD), the United States Army or DVBIC.
- She does not intend to discuss the off-label/investigative (unapproved) use of commercial products or devices.
- Dr. Hux has no relevant relationships to disclose.
- It is the policy of the University of Nebraska – Lincoln not to discriminate based upon age, race, ethnicity, color, national origin, gender, sex, pregnancy, disability, sexual orientation, genetic information, veteran's status, marital status, religion or political affiliation.

Polling Question #1

My discipline is:

- ❑ Primary care provider
- ❑ Rehabilitation provider (SLP, OT, PT)
- ❑ Psychologist
- ❑ Nurse
- ❑ Social worker/case manager
- ❑ Academic counselor/advisor/administrator
- ❑ Other

Mild BIs

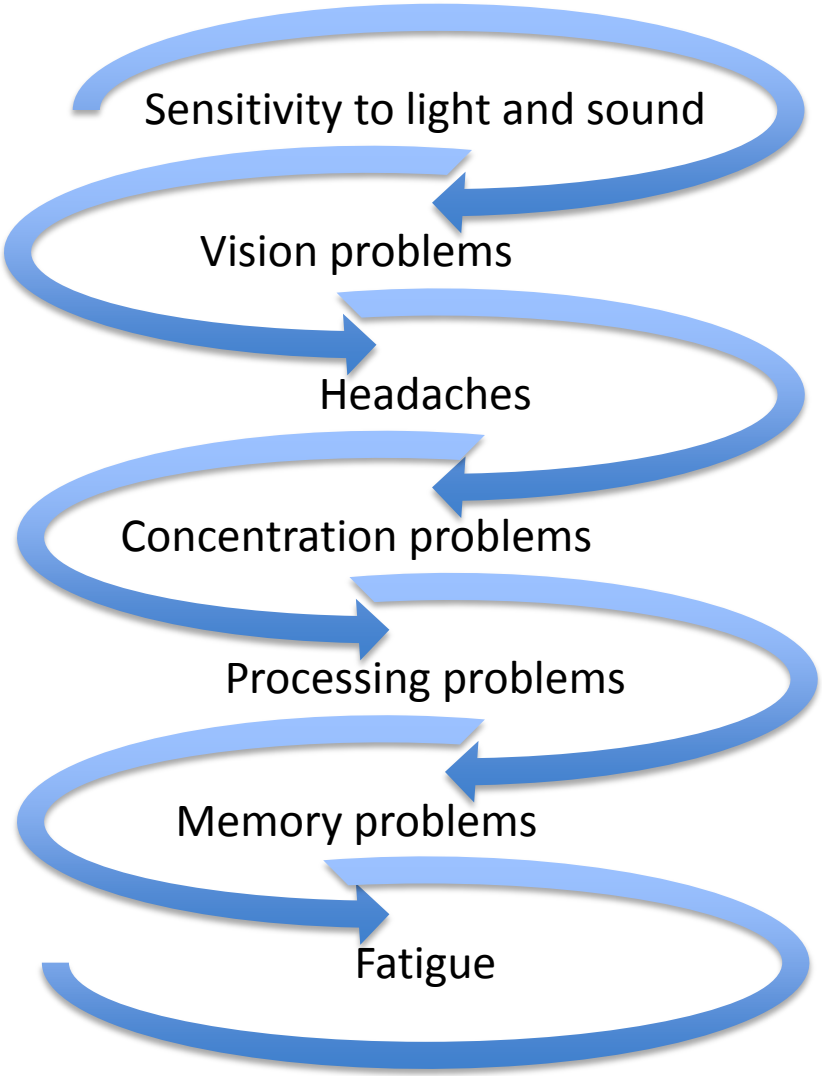
- 30% of people sustain BIs by 25 years of age
  (Hux, Brown, & Schmidt, 2015; McKinlay et al., 2008)
- Most people recover within 2-6 weeks
  - Median time until symptom resolution is 29 days (Barlow, Crawford, Brooks, Turley, & Mikrogianakis, 2015)
- Subset of people have persistent problems
  - 12% of children remain symptomatic 3 months post-injury (Barlow et al., 2015)
  - 50% of people report long-term consequences 3 years and again 11 years after mild BI (Åhman, Saveman, Styrke, Björnstig, & Stålnacke, 2013)

Chronic BI Problems Interfering with College Performance

- Learning and remembering new information
  - Paying attention
  - Distinguishing salient vs. irrelevant content
  - Understanding oral and written materials
- Executive functioning
  - Staying organized
  - Managing time
  - Planning ahead
  - Following through
- Balancing leisure and work activities
  - Taking care of oneself
  - Recognizing time commitments

LEARNING AND REMEMBERING NEW INFORMATION

Persistent Cognitive and Physical Complaints



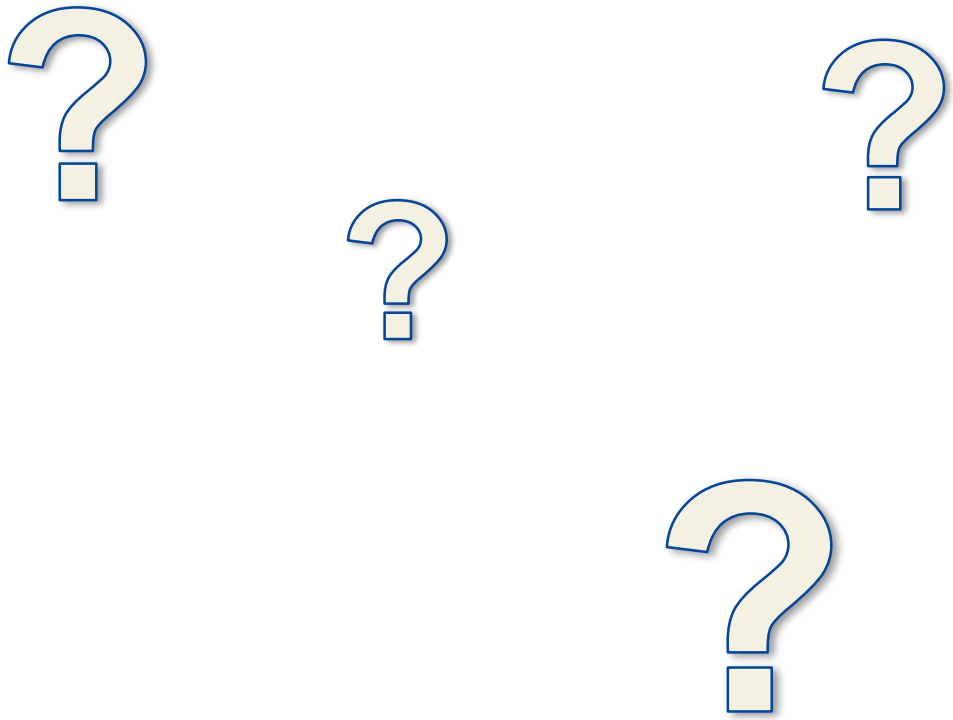
Common Accommodations

Classroom
- Note-taking
  - Peer note-takers
  - Copies of presentation slides
  - Audio recording of lectures
- Environment
  - Preferential seating
  - Lighting accommodations – wear visor or tinted glasses to deal with glare
- Course substitutions

Studying
- Reading
  - Electronic version of books; text-to-speech technology
- Extended time on assignments
  - Delay of immediate testing
- Tutoring

Testing
- Extended time
- Reduced-distraction environment
- Different test formats
  - Oral versus written
  - Computer versus handwritten

Effectiveness of Accommodations



Risks of Over-Accommodating

"…success in college resulting from extreme accommodations might lead to misperceptions about the adequacy of survivors' preparation for assuming competitive employment and succeeding in the real world."

(Hux et al., 2010, p. 25)

- Disservice to people with BIs
  - Exacerbation of unrealistic views about abilities and potential
  - "Pass rehab but fail life" is becoming "Pass college but fail life"

Risks of Over-Accommodating

"…despite inadequate completion of course requirements because of memory limitations, the professors planned to give FM a passing grade….One professor said: 'We know [FM]'s working as hard as she can. We're not going to fail her.'" (Hux et al., 2010, p. 18)

Avoiding Over-Accommodations

Do's

Provide access

Teach strategies to promote success

Teach strategies that can be self-implemented

Don'ts

Decrease expectations

Shift responsibility away from the student

Academic Success

- Requires extracting, organizing, synthesizing, and recalling information
  - From verbal presentations
    - Note-taking
  - From written materials
    - Reading comprehension

NOTE-TAKING STRATEGIES AND ACCOMMODATIONS

Qualities of Good Note-takers

- Attend to information
- Encode and retrieve information from working memory
- Manipulate information to distinguish salient versus irrelevant details
- Simultaneously transcribe key points in a systematic, rapid, and fluent fashion

Note-taking Accommodations

- Peer note-takers
  - Time lag between hearing lecture and receiving notes
  - No controls to ensure quality
- Audio recording of lectures
  - Faculty/instructor objections
  - Extensive time needed for review to find specific points
- Copies of presentation slides
  - Discourage attention
  - Do not promote active learning

Peer- versus Self-generated Notes

- Purpose
  - To explore the effects of and opinions about self-generated notes, peer notes, and no notes on information students with BI obtain when listening to lectures and recall after reviewing presented material
- Participants
  - 3 undergraduate students with mild BI
- Materials
  - 18 Anatomy & Physiology lectures
    - 9.5 minutes each
    - Lecture rate: 100-150 words per minute (*M* = 137.5)
  - 10-item objective quiz for each lecture
    - True/false
    - Multiple choice
    - Open-ended requiring single-word or short-phrase responses

(Childers, 2013; Childers & Hux, 2014)

Alternating Treatments Design

	Session 1			Session 2			Session 3		
Subject	Lecture 1	Lecture 2	Lecture 3	Lecture 4	Lecture 5	Lecture 6	Lecture 7	Lecture 8	Lecture 9-18 →
1	Self	Peer	None	Self	Peer	None	Self	Peer	None
2	Peer	None	Self	Peer	None	Self	Peer	None	Self
3	None	Self	Peer	None	Self	Peer	None	Self	Peer

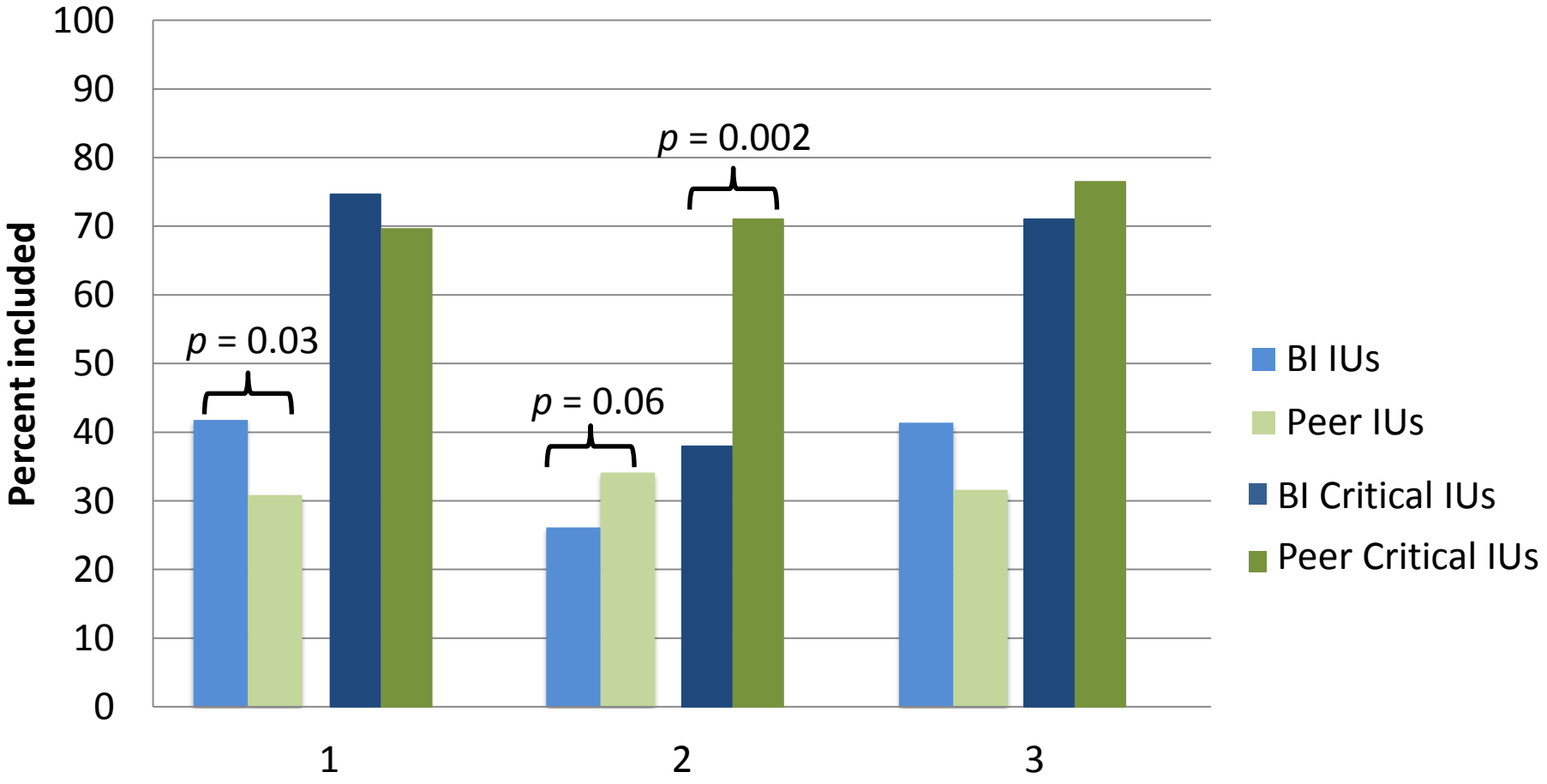
(Childers, 2013; Childers & Hux, 2014)

Dependent Measures

- Number of total information units (IUs) and critical IUs recorded in self-generated notes
  - Total possible IUs
  - IUs recorded by peers without BI
- Percent of items correct on quizzes
  - Incentive: Payment based on number of correct responses to quiz questions

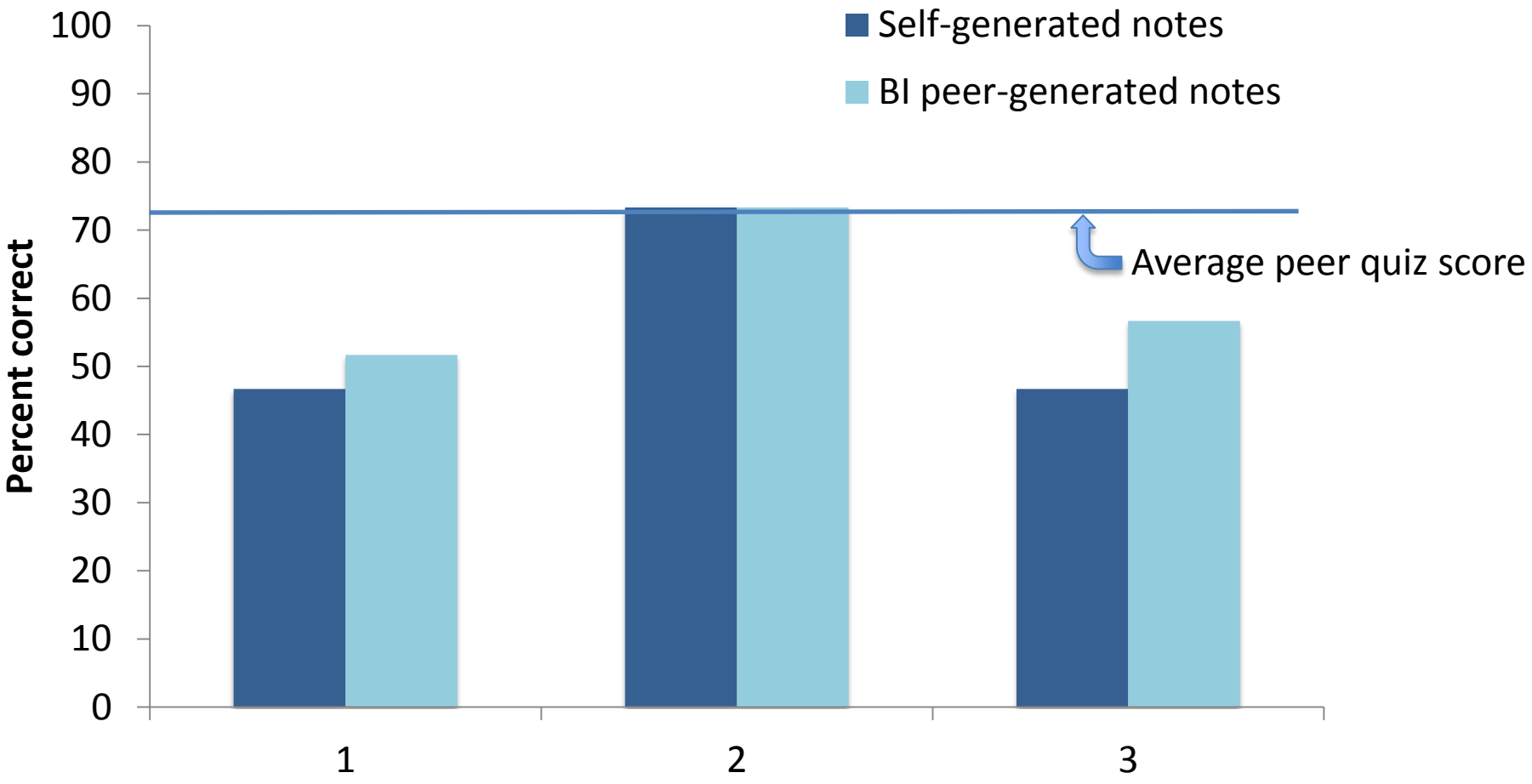
(Childers, 2013; Childers & Hux, 2014)

IUs in Self-generated Notes



(Childers, 2013; Childers & Hux, 2014)

Quiz Performance



(Childers, 2013; Childers & Hux, 2014)

Interpretation of Findings

- Quality of notes is not the sole factor affecting test performance
  - Participant 1 and 3: Good notes → poor quiz performance
  - Participant 2: Poor notes → average quiz performance
- Possible explanations
  - Immediate testing allowed joint reliance on short-term recall and content included in notes
  - Delayed testing would have provided better measure of long-term usefulness of notes and retention of key concepts
  - Reading comprehension or word retrieval problems could have affected quiz performance

(Childers, 2013; Childers & Hux, 2014)

Concerns About Peer Notes

- Unfamiliar abbreviations
- Shortened or omitted explanations
- Foreign organizational strategies
- Poor legibility

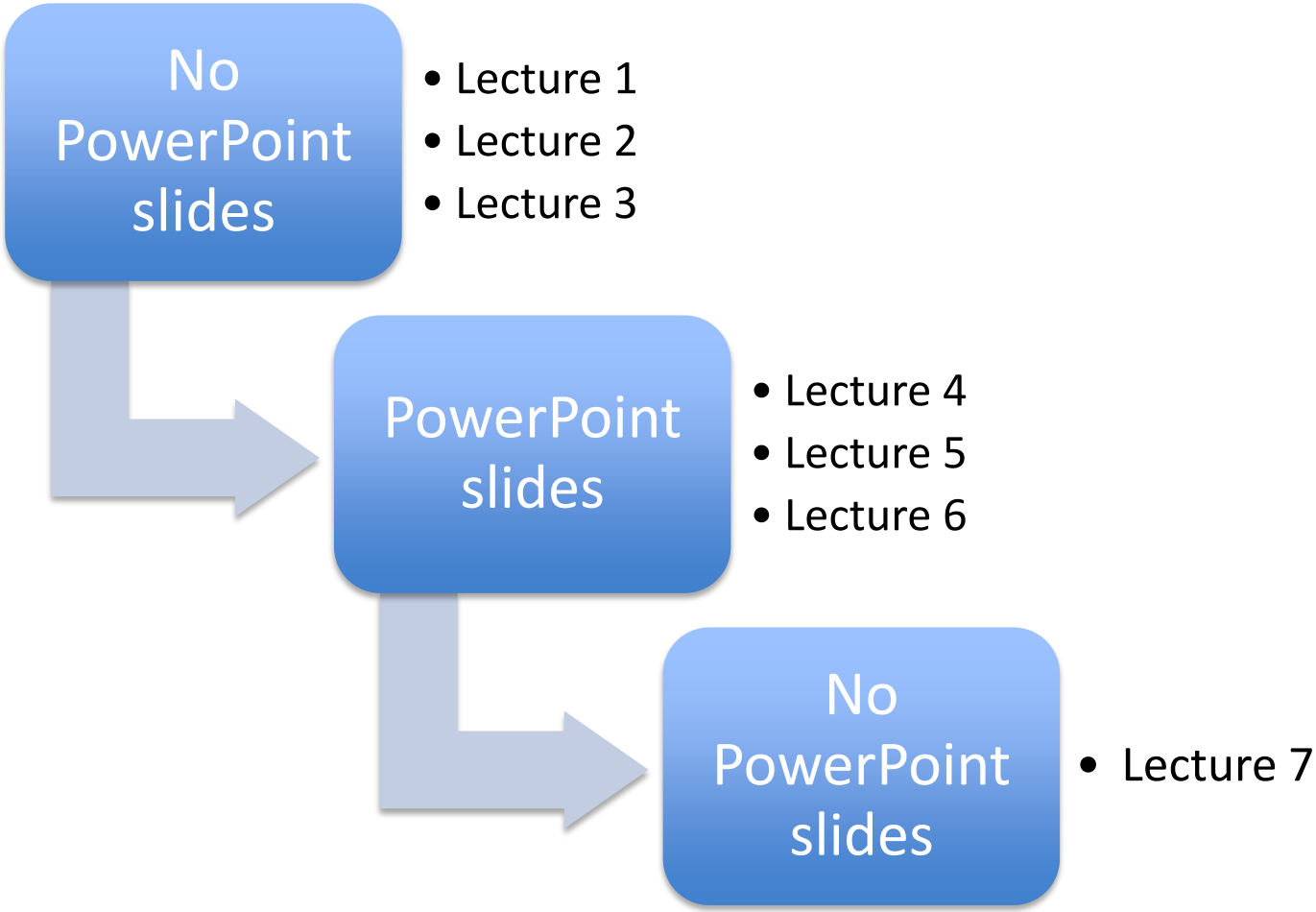
(Childers, 2013; Childers & Hux, 2014)

Supported Note-taking

- Purpose
  - To explore the effects on note-taking and recall of presented material when students with BI listen to lectures that are versus are not accompanied by printed copies of PowerPoint slides
- Participants
  - 2 college students with mild BI
- Materials
  - 7 Anatomy & Physiology lectures
    - 6-12 PowerPoint slides per lecture
  - 10-item objective quiz for each lecture

(Hux, Brown, Muenster, & Harbor, 2015)

ABA Design



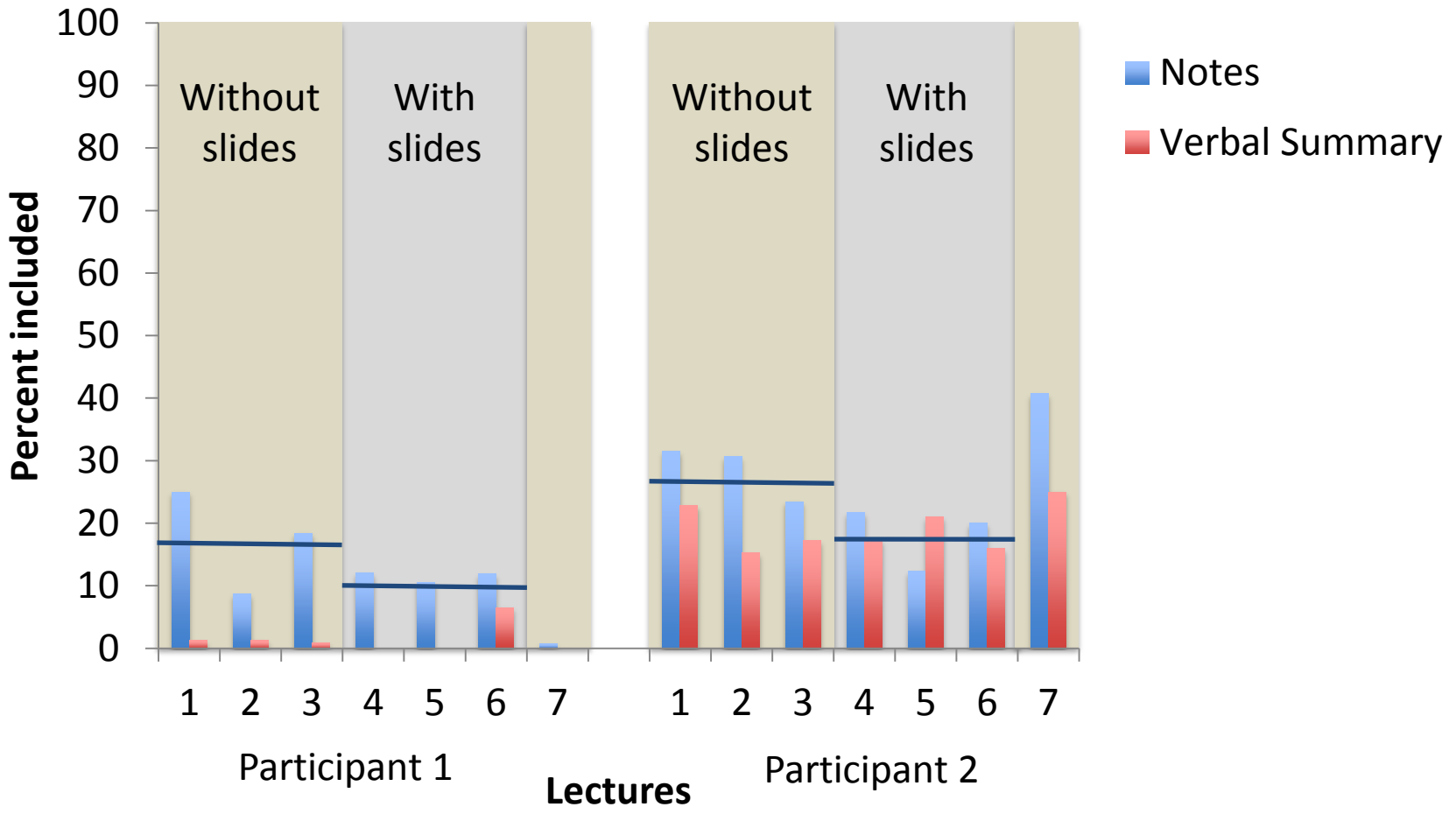
(Hux et al., 2015)

Dependent Measures

- Number of IUs recorded in notes
- Number of IUs recalled in verbal summarization
- Percent of items correct on quizzes

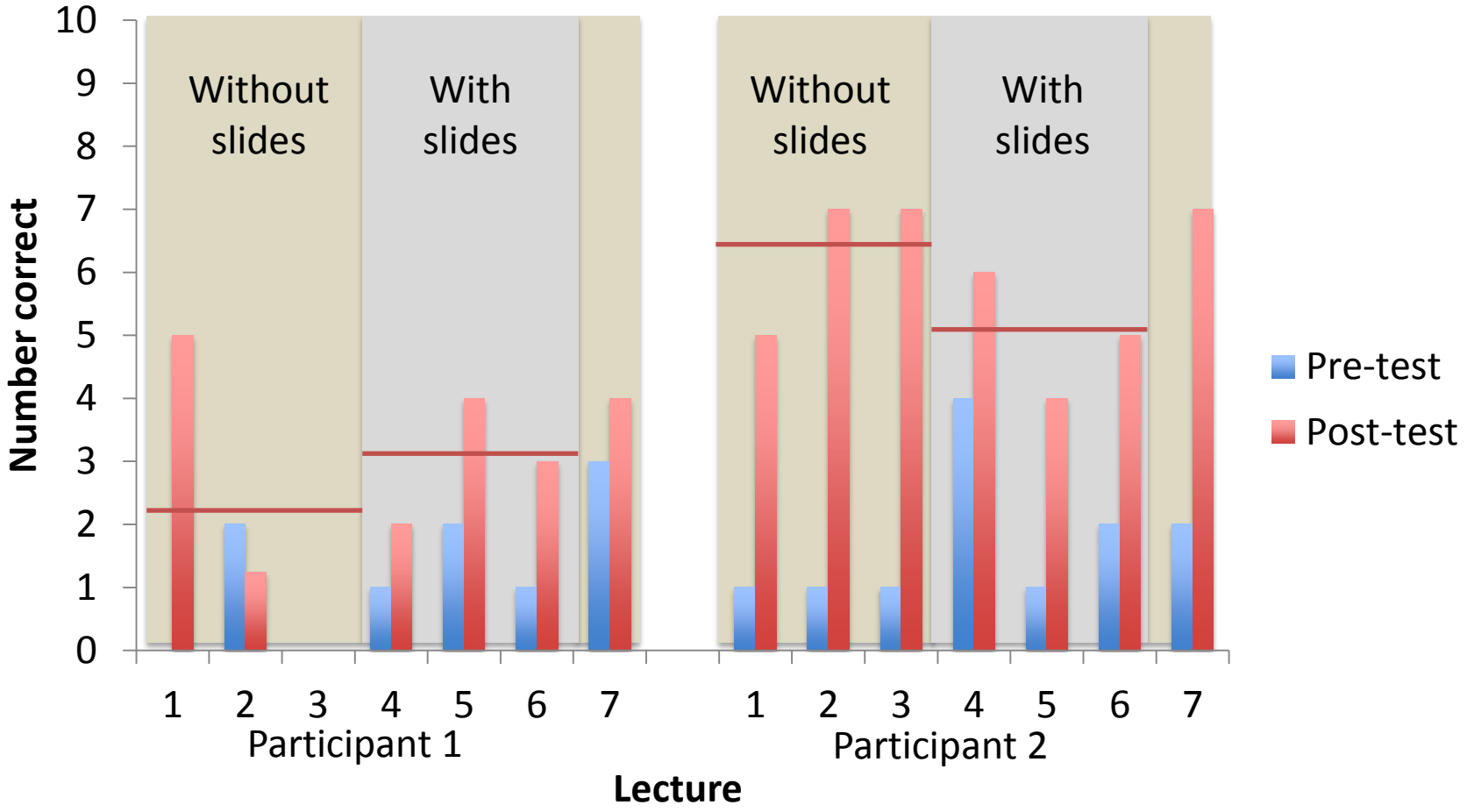
(Hux et al., 2015)

IUs in Notes and Verbal Summaries



(Hux et al., 2015)

Pre- and Post-test Quiz Scores



(Hux et al., 2015)

Interpretation of Findings

- Student preference for having copies of PowerPoint slides
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(Hux et al., 2015)

Next Directions

- Use “smart pen” technology
- Combine supports
  - Peer notes provided only as a supplement to self-generated notes
- Provide study guides rather than copies of presentation slides

READING COMPREHENSION AND EFFICIENCY STRATEGIES AND ACCOMMODATIONS

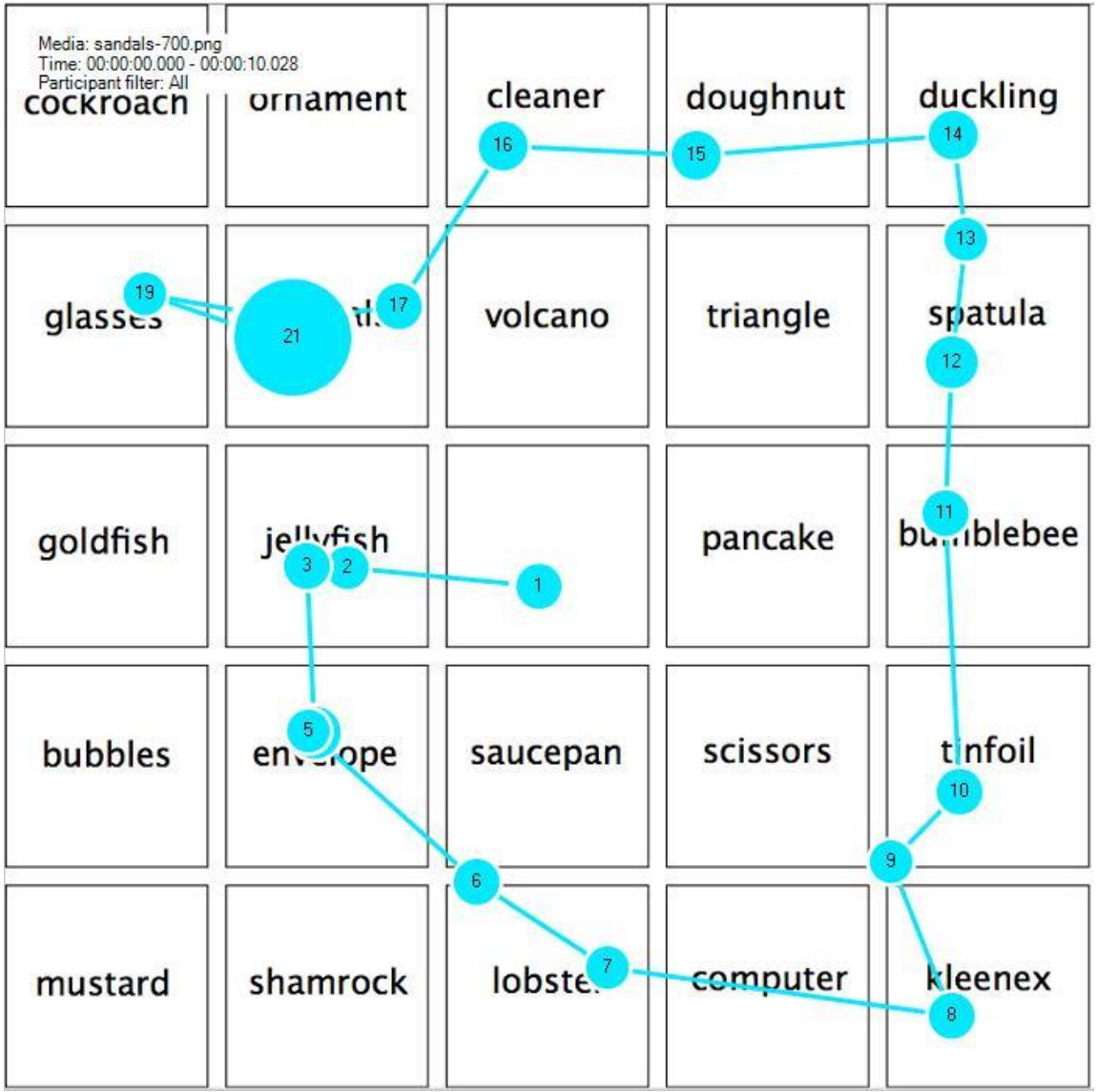
Qualities of Good Readers

- No vision problems
- Quick and accurate word decoding
- Good comprehension of factual and inferential information
- Synthesis of new information with existing knowledge

Reading Characteristics of Students with BIs

- Vision problems
  - Light sensitivity
  - Eye fatigue
  - Scanning difficulties
  - Blurred or double vision

Visual Scanning Example: Adult without BI



Target word: sandals

Time lapse: 10 seconds

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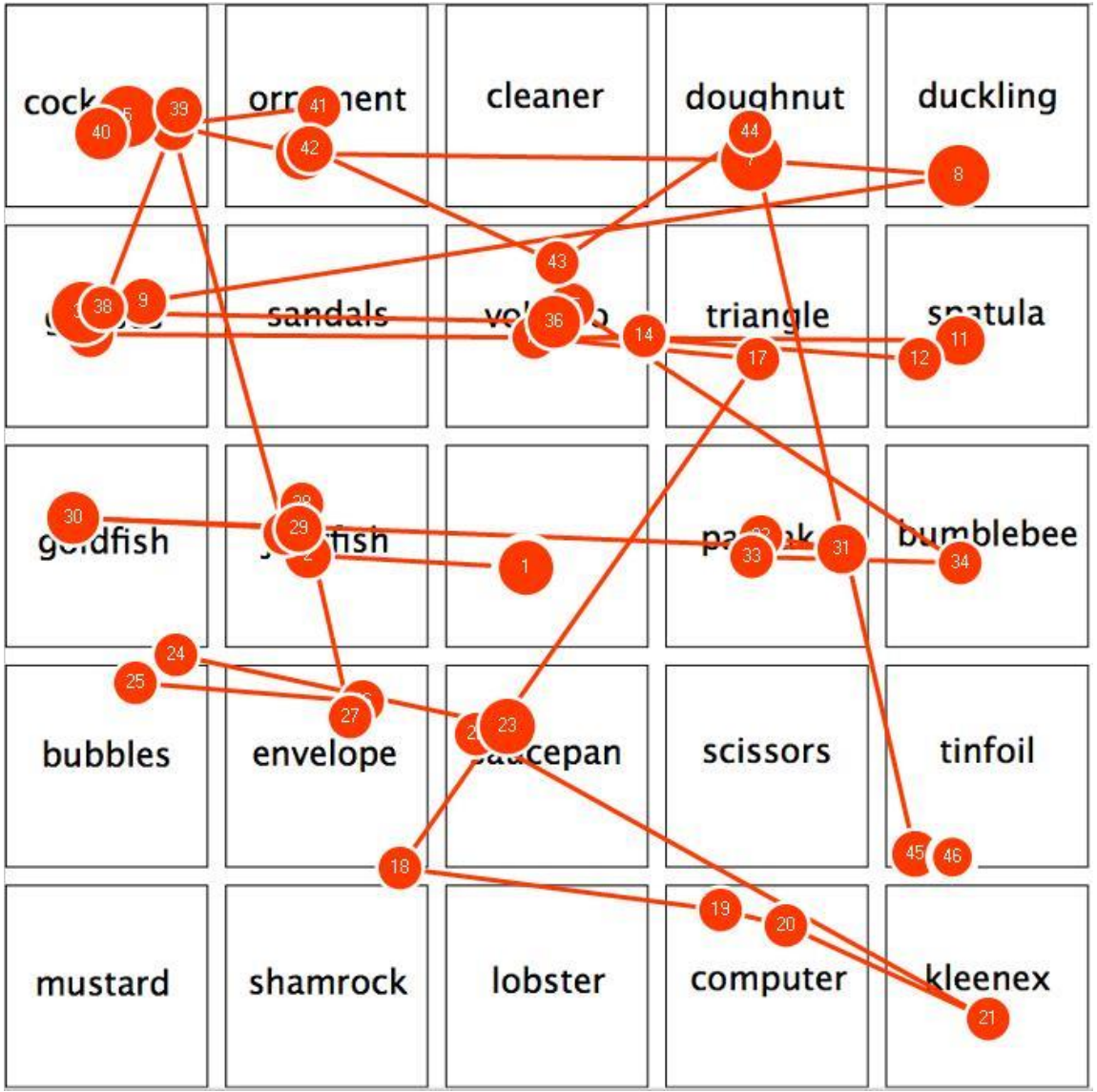
Visual Scanning Example: Adult with BI



Target word: sandals

Time lapse: 10 seconds

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Reading Characteristics of Students with BIs

- Vision problems
  - Light sensitivity
  - Eye fatigue
  - Scanning difficulties
  - Blurred or double vision
- Slow silent reading
  - Typical adult readers: M = 250-350 words per minute (wpm) (Hiebert, Samuels, & Rasinski, 2012)
- Poor reading comprehension

Reading Accommodations

- Electronic versions of books
  - Availability is inconsistent
- Text-to-speech (TTS) technology
  - Text must be in electronic form
  - Speech quality is variable

Text-to-Speech Support

- Purpose
  - To determine the effect of TTS support on reading rate, comprehension, and efficiency by individuals with TBI
- Participants
  - 75 adults without histories of BI
  - 10 adults with good recoveries following severe BI
- Procedures
  - Reviewed 51 written passages from General Education Development (GED) study guides and answered comprehension questions
    - 6 passages per session, 2 from each condition
    - 6 comprehension questions per passage – 3 factual and 3 inferential
  - 3 conditions
    - Reading only (RO)
    - Listening to TTS presentation only (LO)
    - Reading and listening to TTS simultaneously (RL)

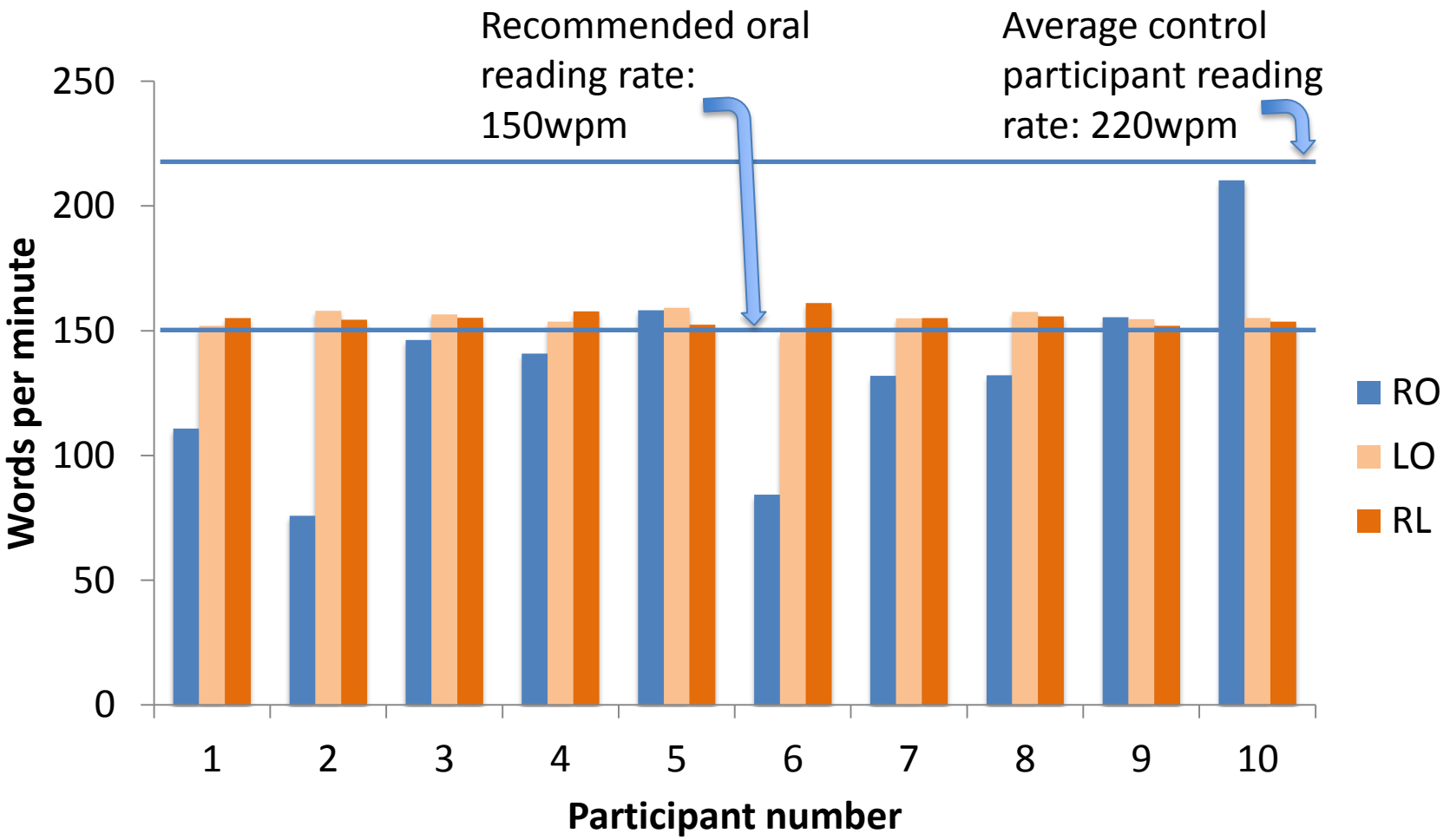
(Harvey & Hux, 2015)

Dependent Measures

- Reading rate
- Comprehension accuracy
- Comprehension rate – efficiency score that combines reading rate and comprehension accuracy

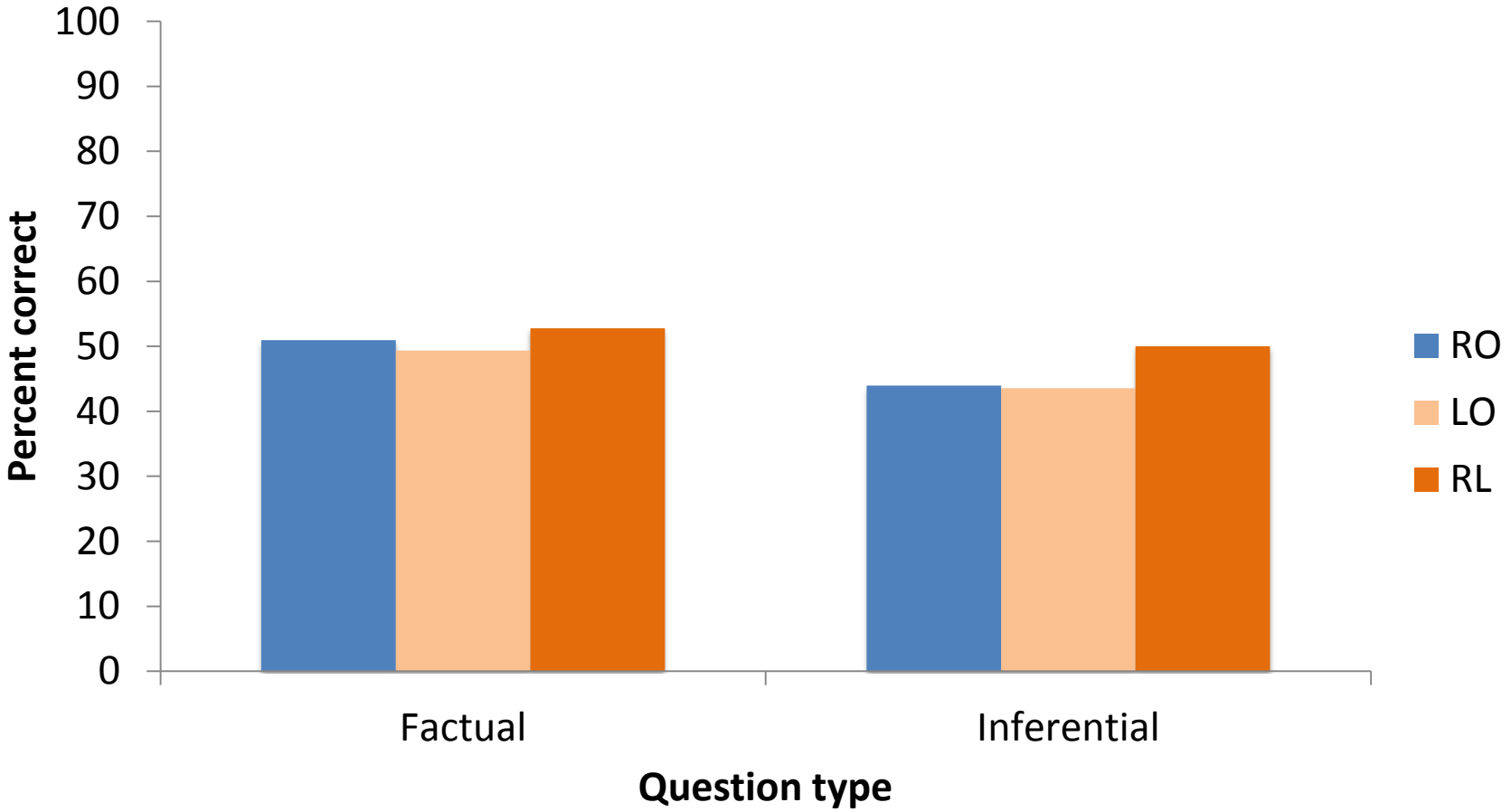
(Harvey & Hux, 2015)

Reading Rate



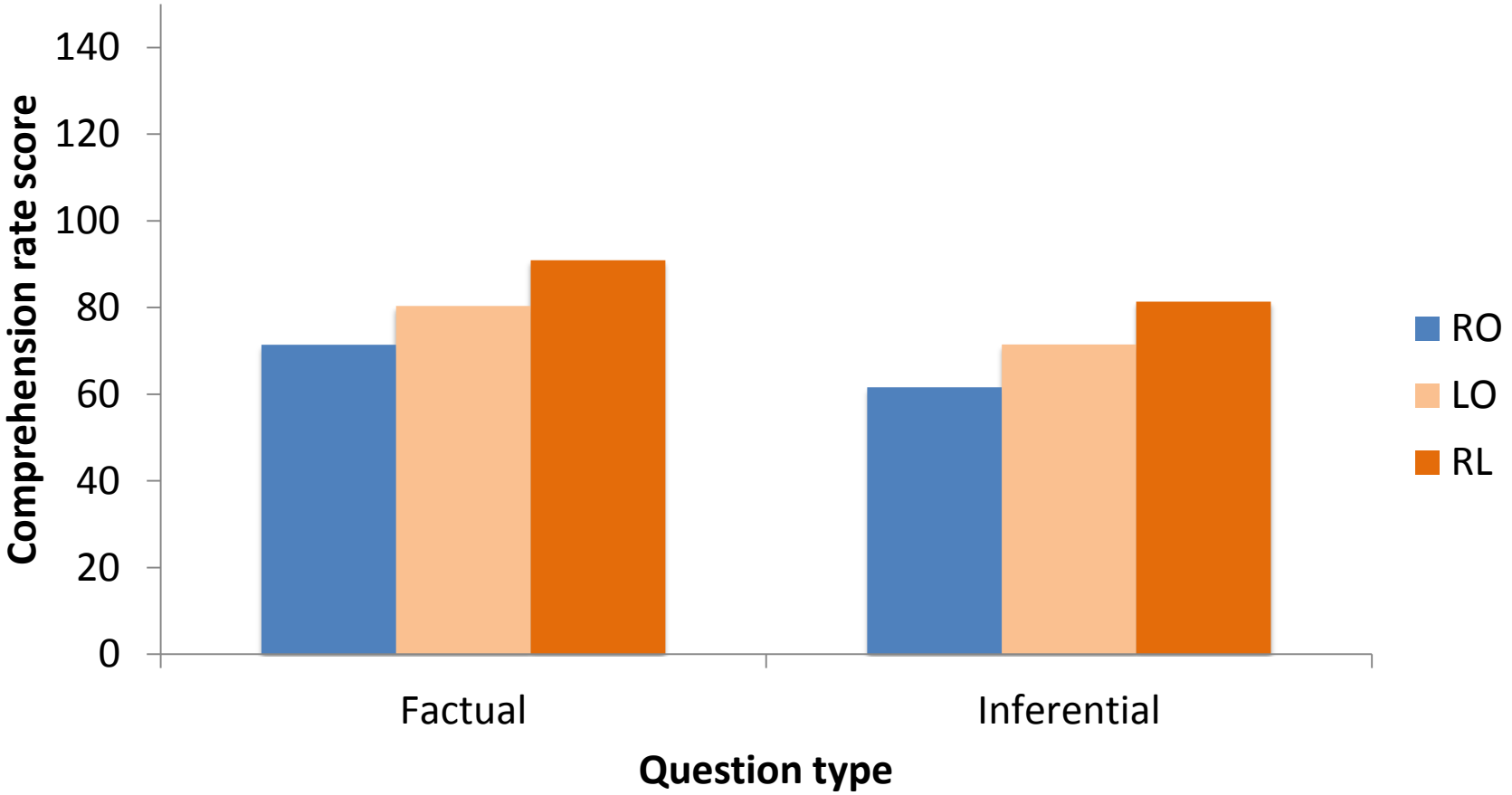
(Harvey & Hux, 2015)

Comprehension Accuracy



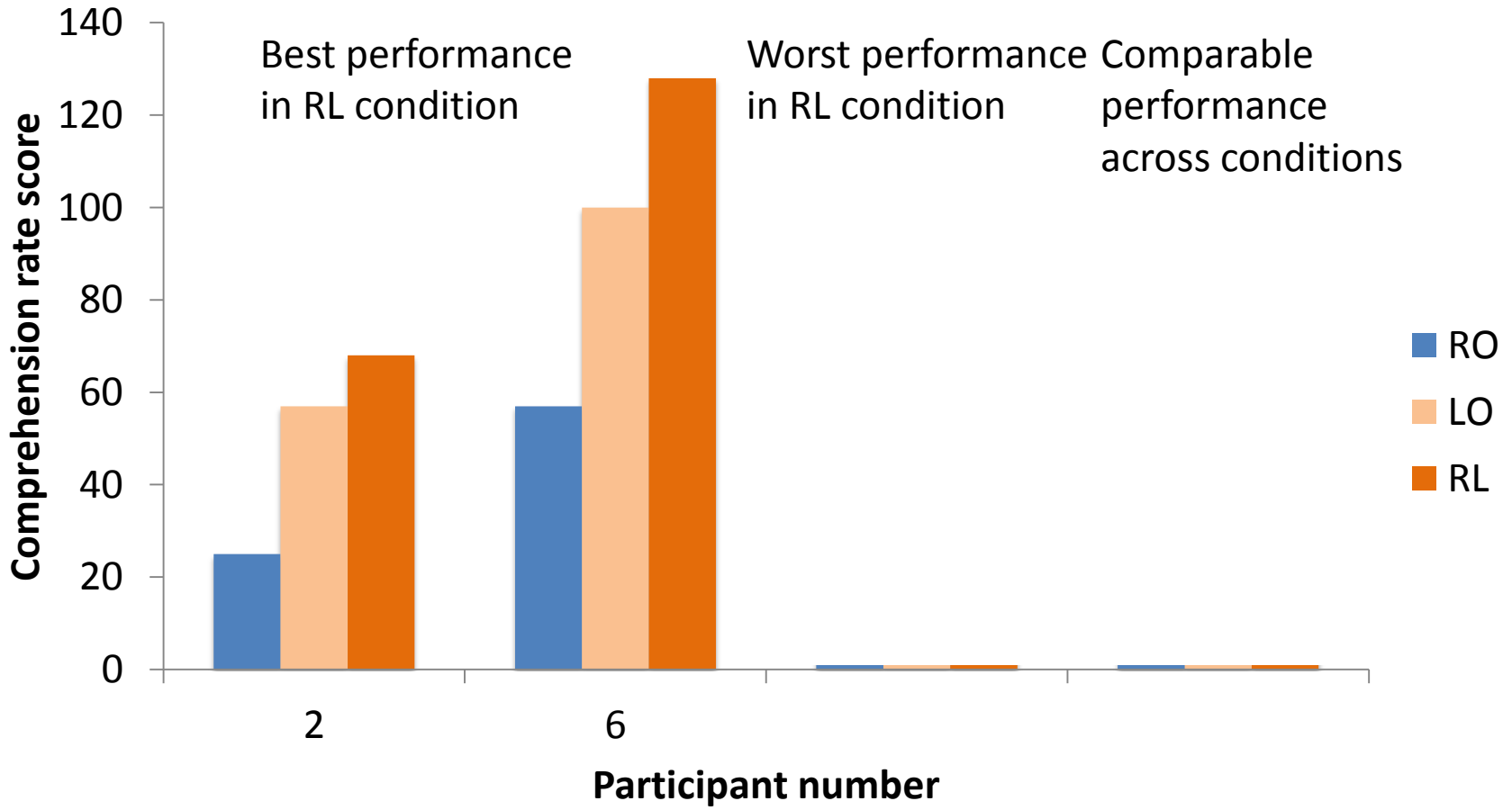
(Harvey & Hux, 2015)

Comprehension Rate



(Harvey & Hux, 2015)

Individual Differences – Comprehension Rate



(Harvey & Hux, 2015)

Interpretation of Findings

- Faster reading rate with TTS support
- TTS support facilitates reading rate but does not affect comprehension accuracy either positively or negatively
- Overall, RL condition yields higher comprehension rate scores than the RO condition, but individual differences exist
- TTS support needs to be combined with other strategies that require effortful interaction with reading materials

(Harvey & Hux, 2015)

Reading Comprehension Strategies Requiring Effortful Interaction

- Repeated reading with or without text-to-speech support
- Strategies to Improve Reading (STIR) (Sohlberg, Fickas, & Griffiths, 2011)
  - Embed strategy prompts within digital text

Repeated Reading

- Purpose
  - To examine the effects of two reading strategies—Reading While Listening and Repeated Reading—as sole and combined strategies for improving reading comprehension accuracy and comprehension rate in adults with BI
- Participants: 3 adults with acquired BI
- Procedures
  - Reviewed 24 *Informal Reading Inventory* passages and answered 10 comprehension questions per passage (Burns & Roe, 1989)
  - 4 conditions
    - Read only (RO)
    - Reading while listening (RWL)
    - Reading two times (RR)
    - Reading while listening and then reading second time (RR+RWL)

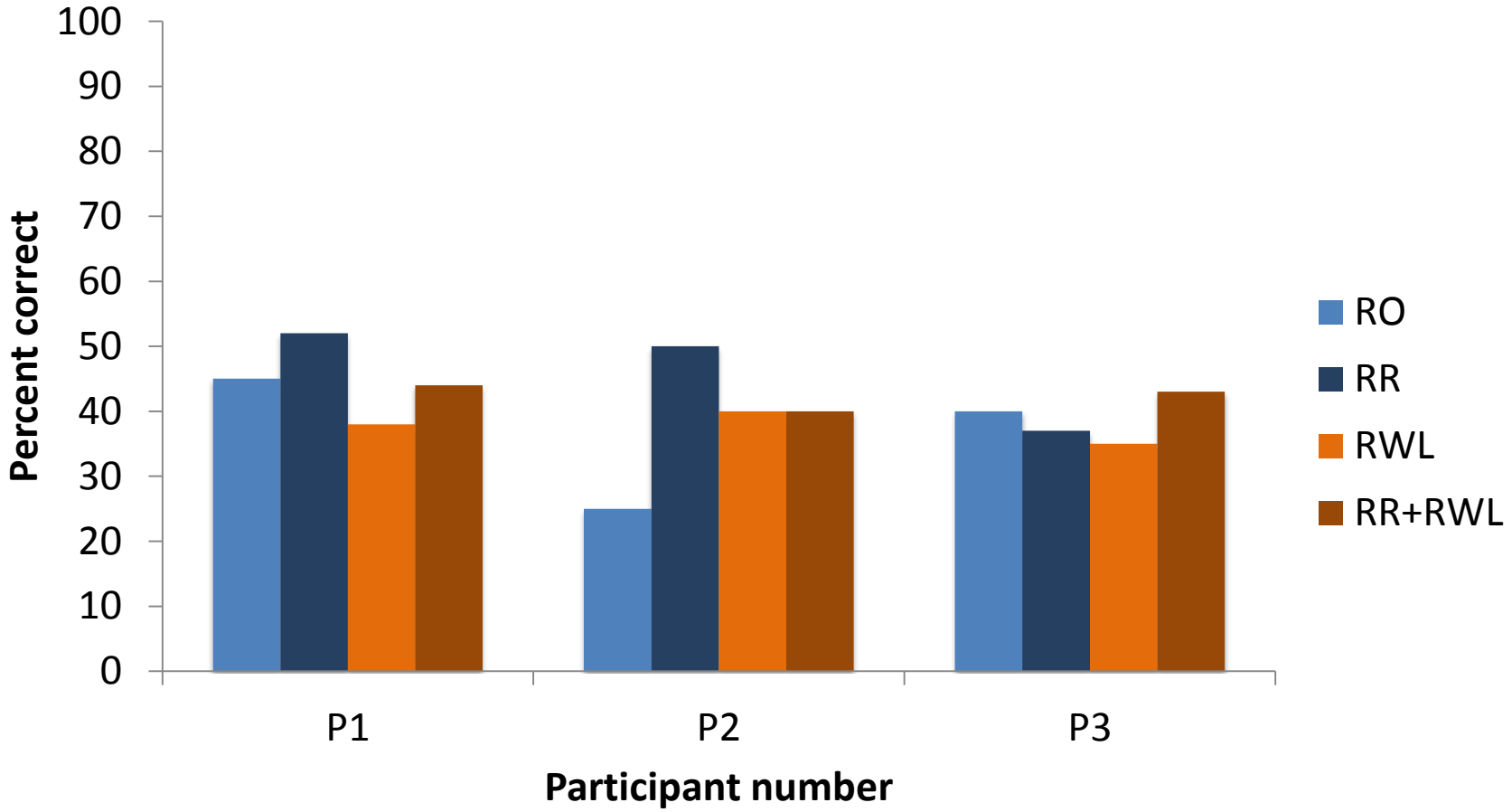
(Harvey, Hux, & Herbers, 2015)

Design and Dependent Measures

- Design
  - Alternating treatments design
    - 6 sessions
    - 4 passages per session, 1 in each condition
- Dependent measures
  - Comprehension accuracy
  - Comprehension rate

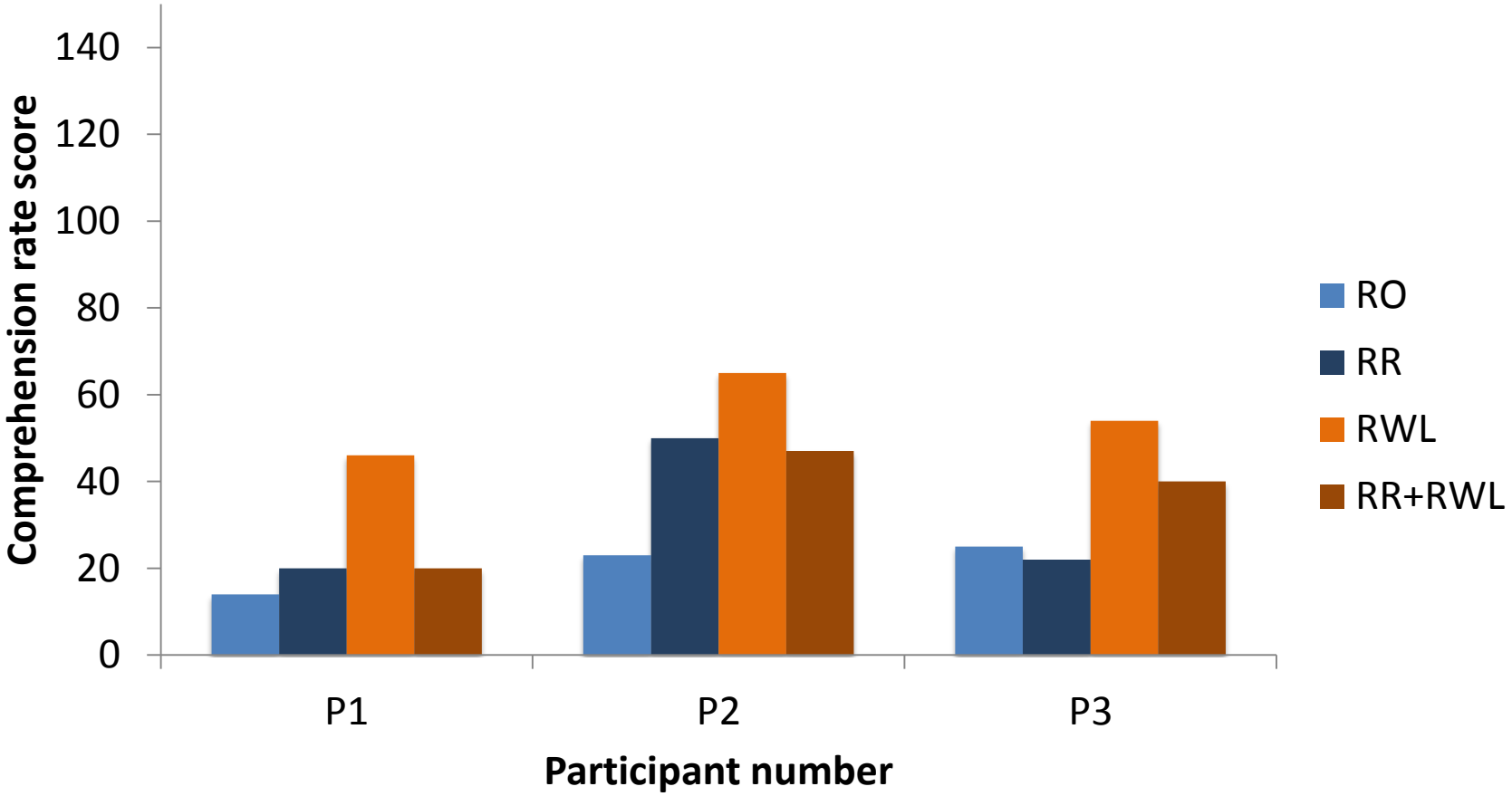
(Harvey et al., 2015)

Comprehension Accuracy



(Harvey et al., 2015)

Comprehension Rate



(Harvey et al., 2015)

Interpretation of Findings

- RWL by itself is insufficient to boost reading comprehension accuracy
- RR in isolation improves reading comprehension accuracy for some, but not all, people with BI, but the boost is not sufficient to yield even average comprehension scores
- The combination of RR and RWL increases reading rate for some people with BI but does not result in better reading comprehension

(Harvey et al., 2015)

Strategies to Improve Reading (STIR)

- Pre-reading
  - Review headings – say them aloud and decide which interests you the most
- Active reading
  - Select key ideas – read each section and decide on important phrases/sentences to include in outline
- Review
  - Review outline and write summarization notes
  - "Drag and Drop" to reconstruct outline
  - Self-test by hiding key ideas, saying them aloud, and then exposing them again in outline

(Sohlberg et al., 2011)

Effectiveness

- Some students with BI benefit from effortful reading comprehension strategies, but not all
  - People differ in how they respond to strategy prompts
  - Strategies need to match user's needs and abilities
    - Purpose for reading
    - Preferences
    - Resources and supports
    - Skills and limitations (cognition, vision, fatigue, etc.)

Next Directions

- Use text-to-speech accommodations when speed and efficiency are problems, but supplement with effortful strategies to improve reading comprehension and integration with background knowledge
- Continue to explore alternate strategies to determine which provides the most substantial boost to reading comprehension

BALANCING LEISURE AND WORK ACTIVITIES

Critical Activities

- Sleeping
- Eating
- Studying
- Socializing
  - Playing with others
  - Exercising
  - Relaxing

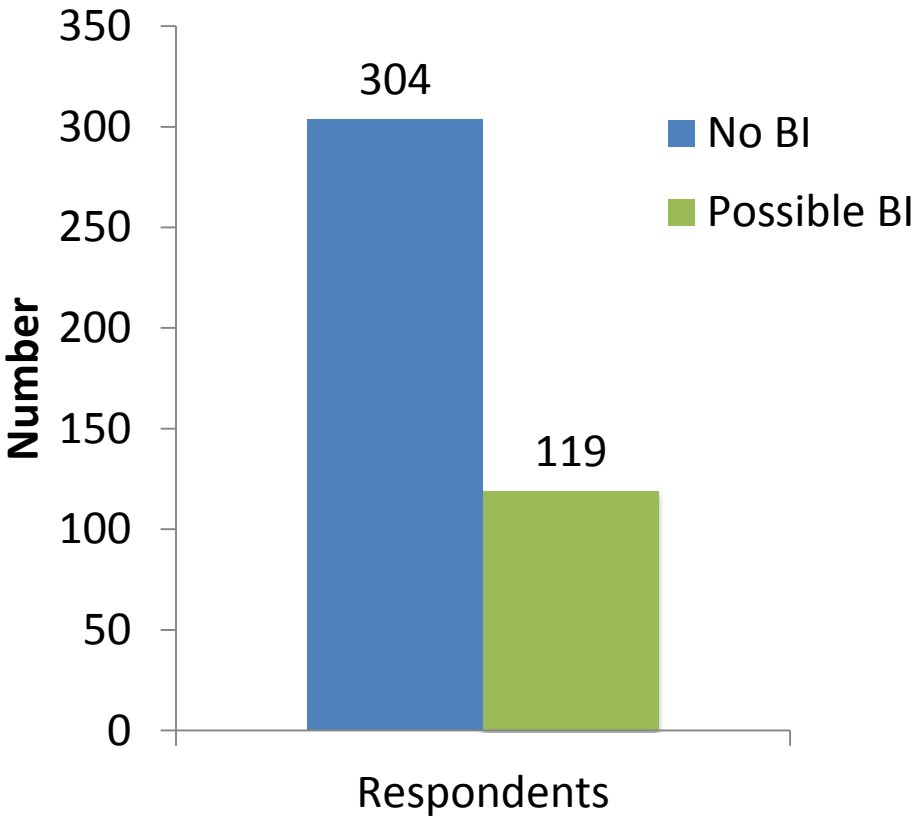
Self-reported BI Effects on College Students' Lives

- Purpose
  - To determine the prevalence of potential BI events among undergraduate students and the relation between BI events and daily habits and routines, general health, and academic performance
- Participants
  - Surveyed 2,796 students enrolled in College of Education and Human Sciences
  - 423 usable surveys returned
- Survey
  - Daily habits and routines
  - Academic performance
  - General health complaints
  - Subcategories of BI events

(Hux, Brown, & Schmidt, 2015)

Survey Respondents

- Complete surveys from 423 undergraduates (15.13%)
  - 361 females
  - 62 males
- Possible BI events
  - 119/423 students (28.13%)
  - 240 events
- Loss of consciousness
  - 46/240 events

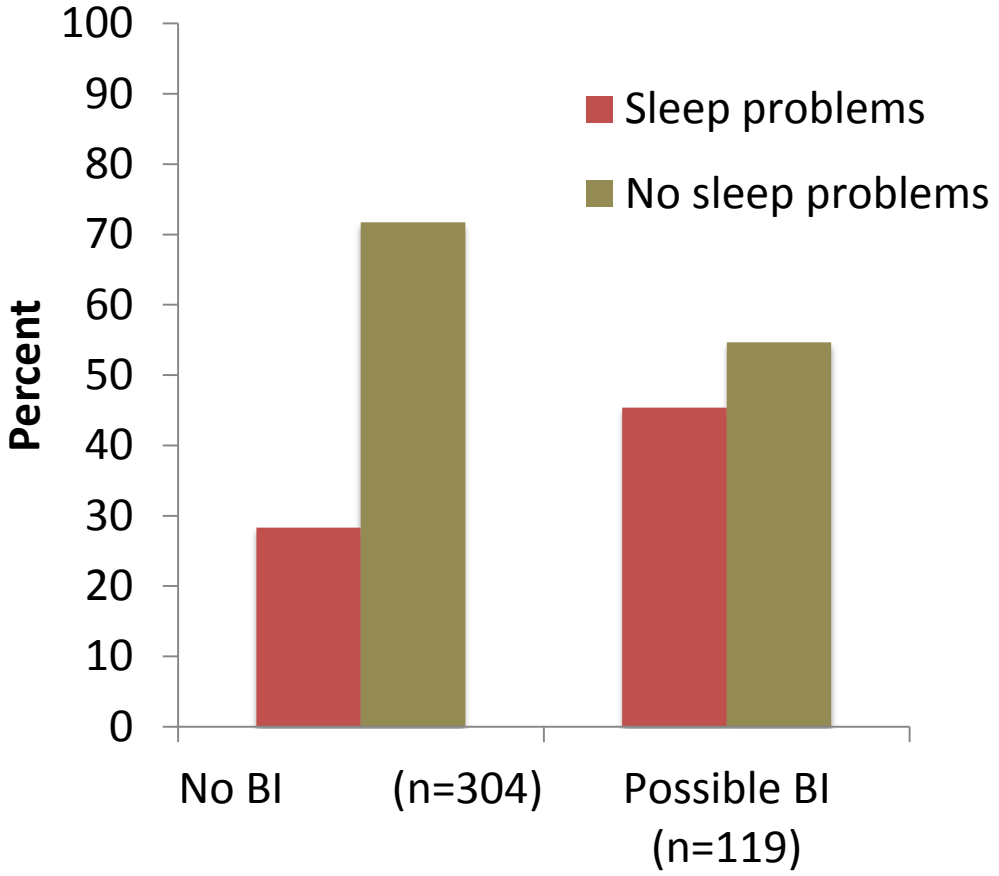


(Hux et al., 2015)

Sleep Problems

- Difficulty falling asleep
- Difficulty staying asleep
- Not adhering to a set routine

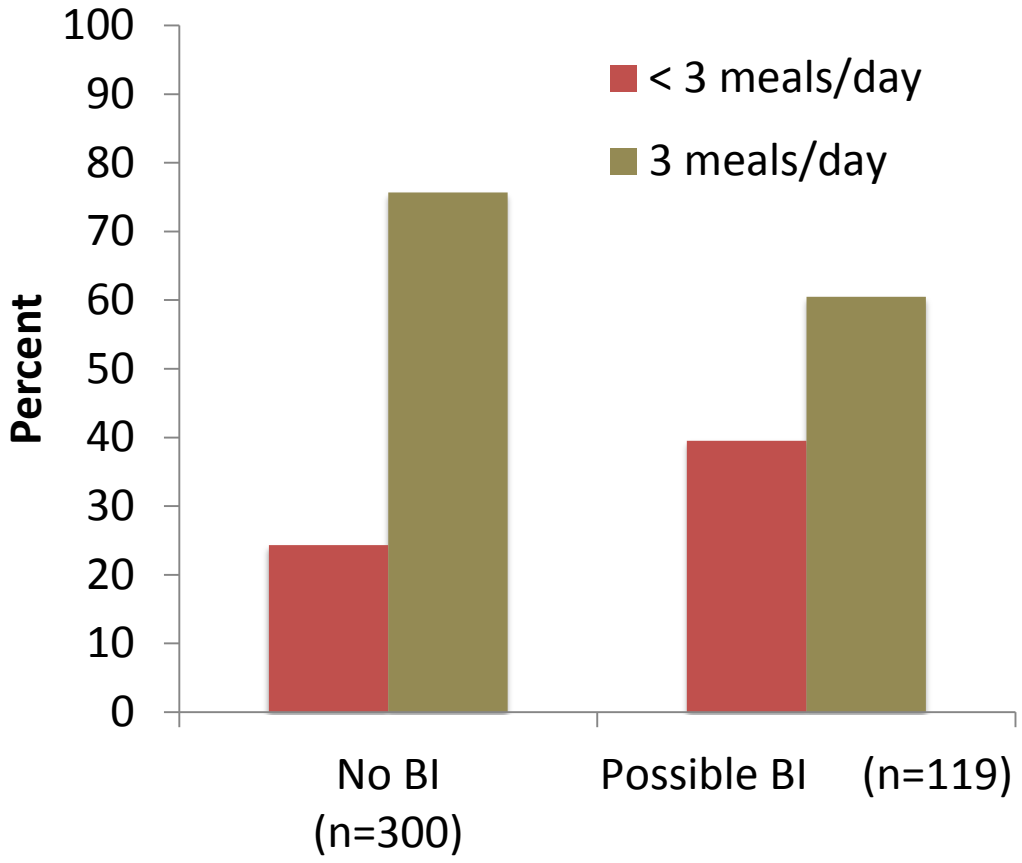
Trouble Sleeping



Significantly more students with histories of possible BIs report problems sleeping than students without BIs, p = 0.0006.

(Hux et al., 2015)

Eating Schedule



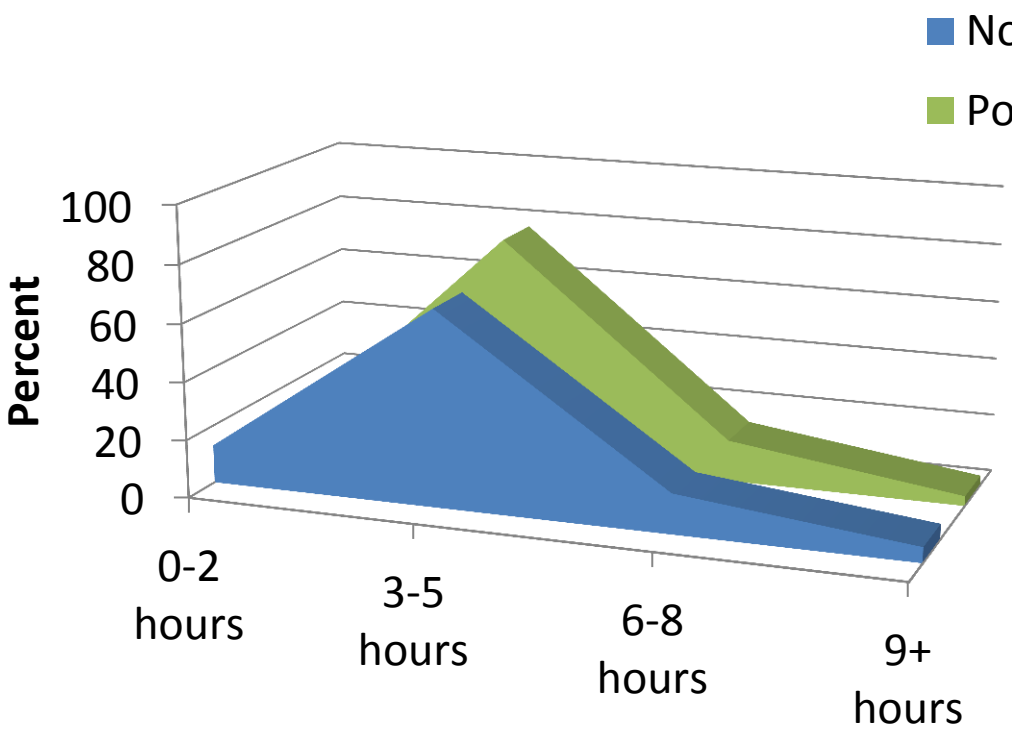
Significantly more students with histories of possible BIs report eating fewer than 3 meals per day than students without BIs, $p = 0.002$.

(Hux et al., 2015)

Studying

- Extraordinary effort
  - "It takes me…an hour to read…one page." (Hux et al., 2010, p. 17)
  - "All day long you could study, and you could look up and not have anything in your head." (Hux et al., 2010, p. 19)
- Positive attitude, perseverance, and tenacity
  - "She is [the] 'never say die' poster child." (Hux et al., 2010, p. 18)
  - "I willed myself through college." (Hux et al., 2010, p. 19)
- Self-advocacy and willingness to ask for help
  - "If there's no coach, if there's no mentor, if there's no parent, then they see failure." (Hux et al., 2010, p. 20)
  - Faculty/instructor help
  - Study groups

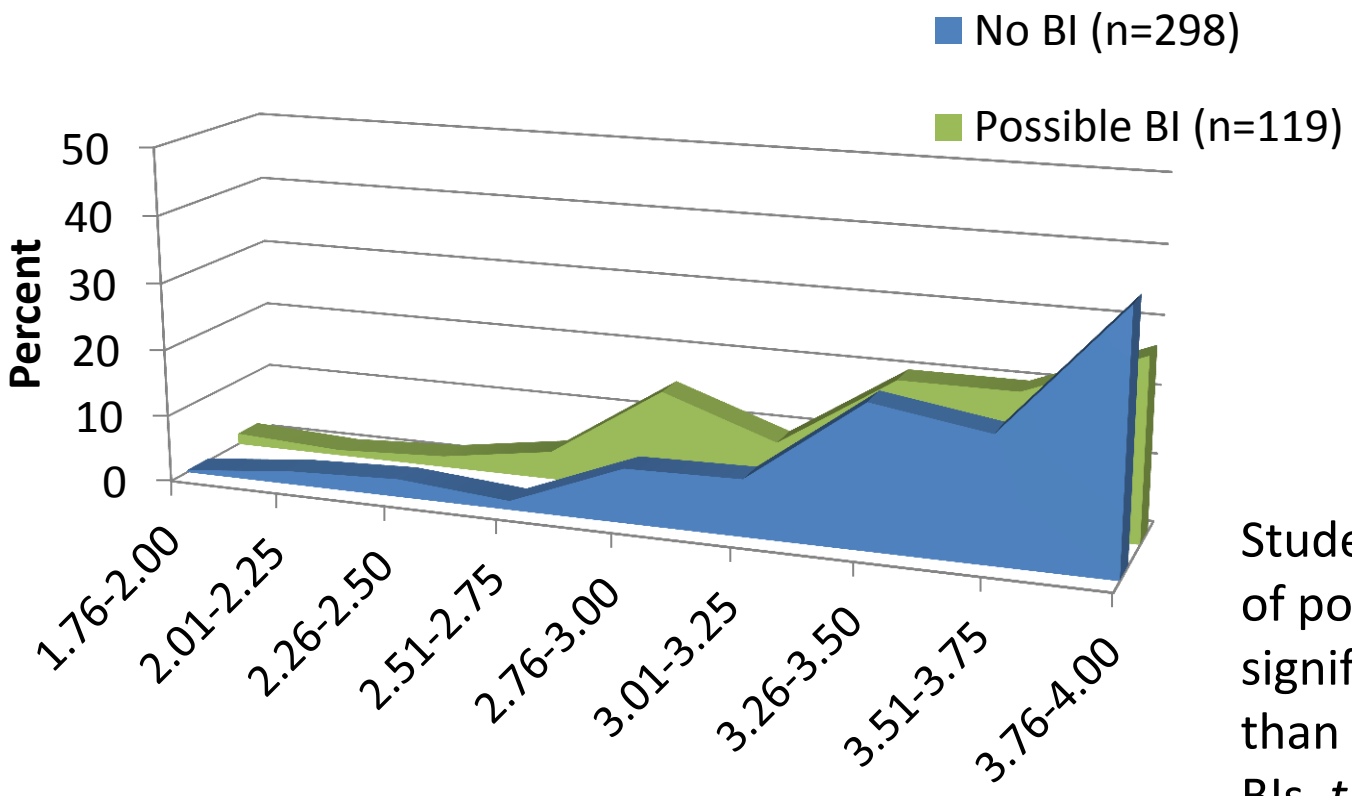
Hours Spent Studying



Students with histories of possible BIs report studying significantly more hours per day than students without BIs, $p = 0.038$.

(Hux et al., 2015)

Grade Point Average (GPA)



Students with histories of possible BIs have significantly lower GPAs than students without BIs, $t_{(415)} = 2.013$, $p = 0.0447$.

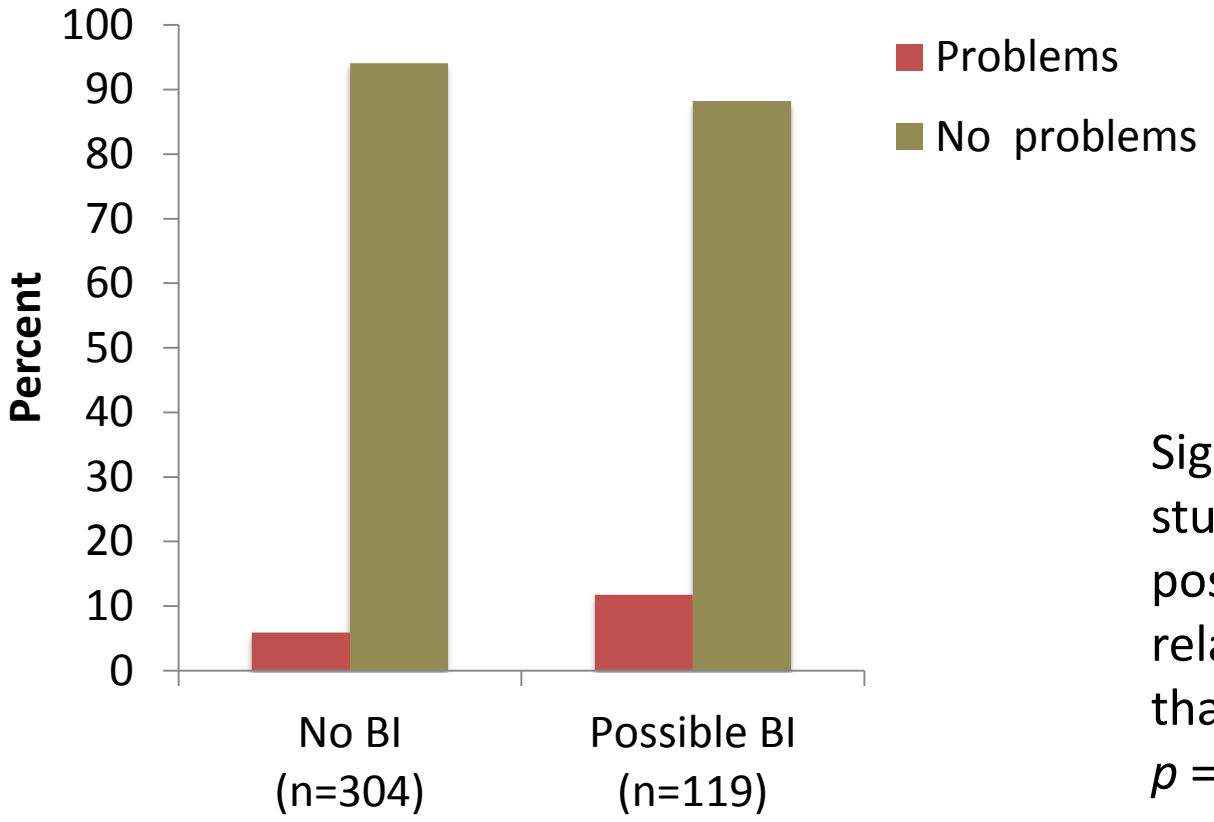
(Hux et al., 2015)

Relationships with Others

- Survivors
  - Invisible disability
  - Other people do not understand
- Peers
  - Frustrations with communication breakdowns
  - Feelings of discomfort because of pragmatic violations
- Instructors
  - “Playing the disability card”

(Hux et al., 2010)

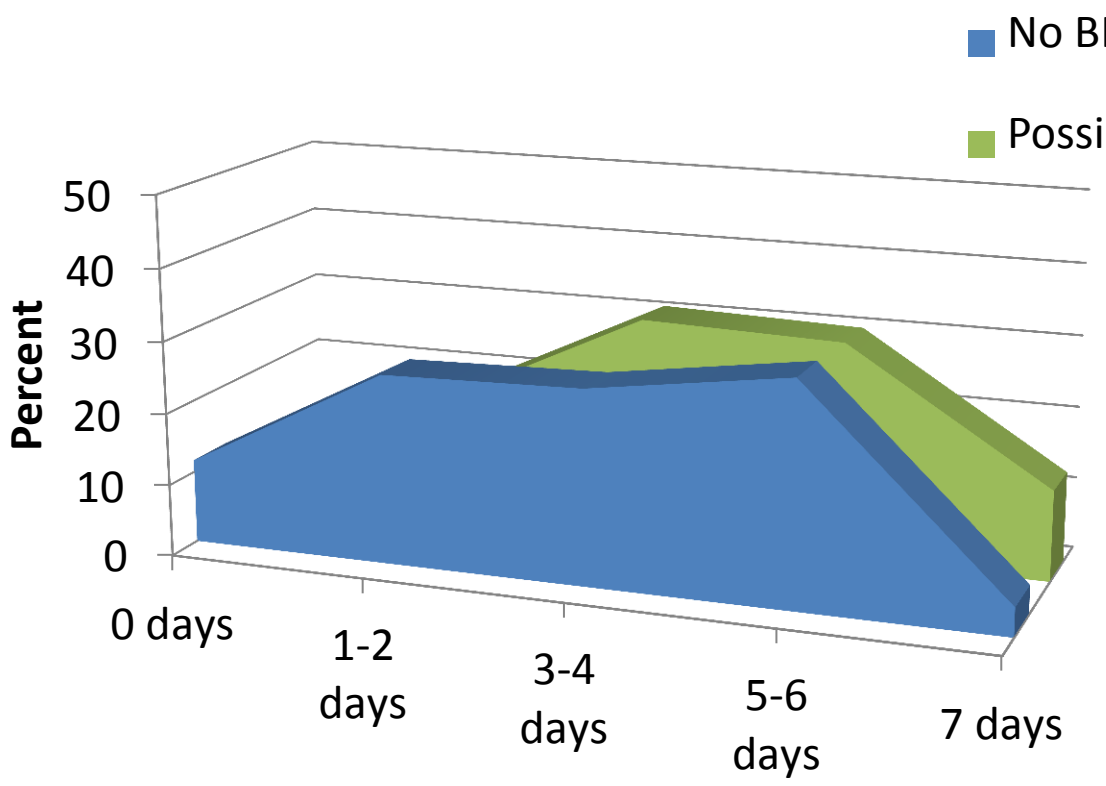
Difficulty with Relationships



Significantly more students with histories of possible BIs report relationship problems than students without BIs, $p = 0.041$.

(Hux et al., 2015)

Exercise Schedule



Significantly more students with histories of possible BIs report exercising most days than students without BIs, $p = 0.0078$.

(Hux et al., 2015)

Balancing Life Activities

- All work and no play doesn't work.

"One of the worst things you can do to a brain is to keep it away from other brains."

(Frith & King, 2007, p. 11)

Summary

Likely events:

- Increasing numbers of post-secondary students with histories of BI
- Need accommodations tailored to unique clusters of cognitive, physiological, and socio-emotional symptoms
  - Address fundamental academic skills involving reading, note-taking, and new learning
  - Address fundamental life skills involving prospective planning, organization, time management, and general health status
  - Encourage realistic life goals

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University of Nebraska Lincoln

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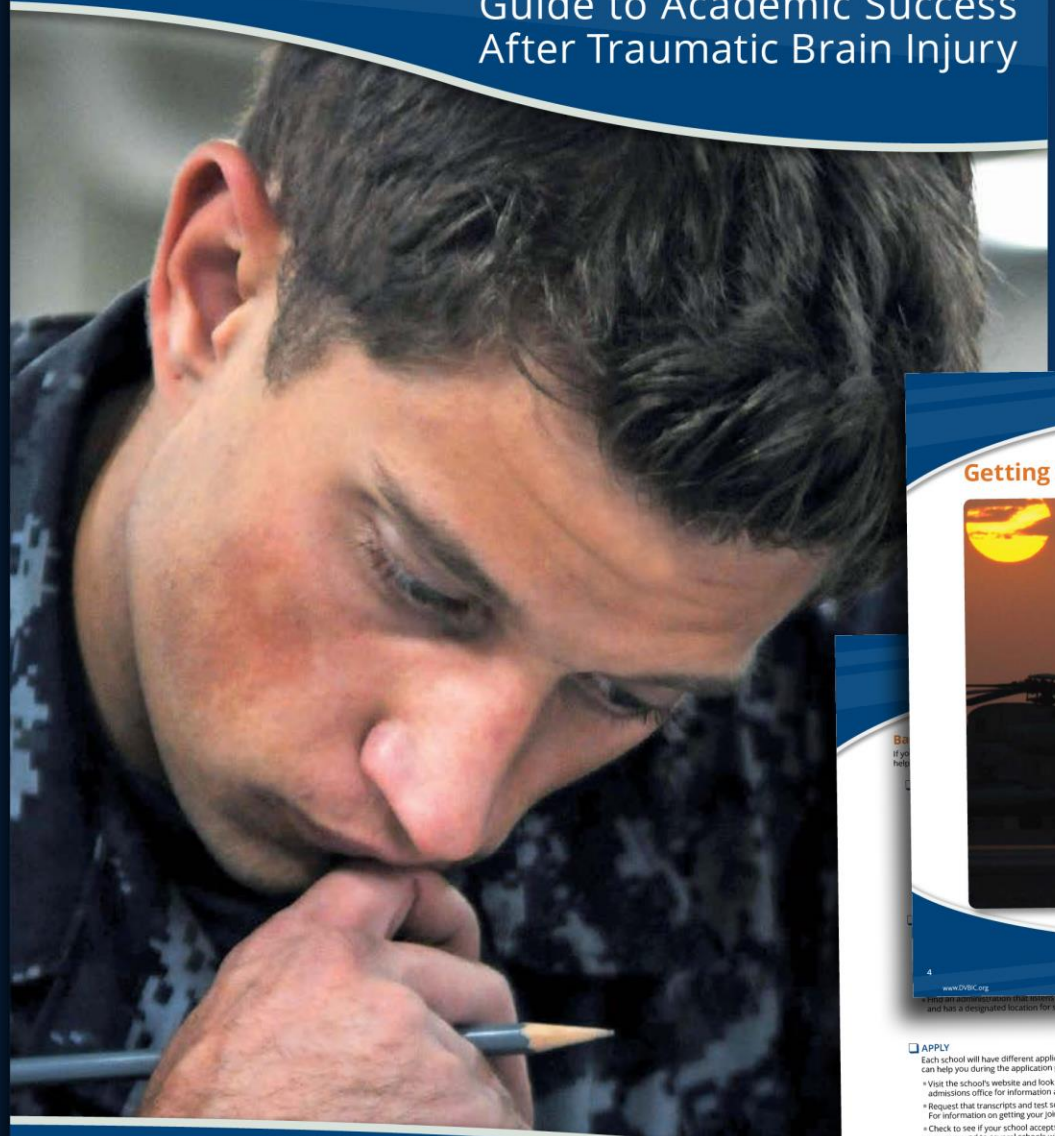
Back to School

Guide to Academic Success After Traumatic Brain Injury



DVBIC
Defense and Veterans Brain Injury Center

Getting Started

U.S. Marine Corps photo by Master Sgt. Steven Williams

Many students who have had a TBI may worry about whether they are ready to go back to school and how, or if, they can succeed. It is not only possible to go to school, but it is possible to do very well.

FAQs: Taking the First Step

How do I know if I'm ready to go back to school?

Making the decision to go back to school can be scary for anyone. You don't know exactly what to expect, and it may have been a while since the last time you were in a classroom. Some of the common problems after a TBI can make this decision even more challenging. Ask yourself how well you are managing your time and staying organized. Are you missing a lot of appointments or work deadlines? Are you having a hard time keeping yourself organized? Answering these questions may make the decision easier.

What are the most common issues that people with TBI have?

Many students have trouble with the following:

- paying attention
- staying organized
- making decisions
- managing their time
- learning and remembering new information
- staying focused

Everyone has their own challenges whether or not they have a TBI.

I have a hard time remembering and paying attention. Is it really possible for me to go to school?

There are many resources available that can help you during your college experience. Be open to using those tools and services, even if you think you will only need them for a short period of time. You may have to learn new ways to do things, such as different study or note-taking skills. You may have to use assistive technology, advocate for yourself, and discover better ways to manage or keep track of your time.

Think about your ideal learning environment. For example, if you think you need multiple breaks during lectures, online classes may be a good option. Working hard is part of being in the military — the same is true to succeed in school. This means being willing to accept support and help. If you are willing to work hard and receive support, then going back to school is possible.

Getting Started

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- Active Duty/Guard/Reserve: www.tricare.mil
- Register for VA benefits: www.va.gov (under Health Care)
- Active-duty service members and veterans: Access your online personal health record at My HealtheVet at www.myhealth.va.gov

As soon as you are accepted:

❑ **CONTACT DISABILITY SERVICES**

Before classes start, notify the office on campus about your history of TBI; staff members can help you request accommodations that will help you succeed in your schoolwork. Don't wait until you find yourself struggling to keep up in class before seeking assistance.

❑ **CONTACT ACADEMIC ADMINISTRATORS**

Your academic adviser can provide information about joining peer study groups, tutoring, selecting course schedules and registering for classes.

❑ **PLAN TO ATTEND SCHOOL ORIENTATION**

Get more information about your school's tutoring services, extracurricular clubs and activities, and housing options. Register for courses early if you can.

❑ **APPLY**

Each school will have different application requirements. The following tips and resources can help you during the application process:

- Visit the school's website and look at the prospective students section, or call the admissions office for information about application requirements and deadlines.
- Request that transcripts and test scores are sent directly to each school that you apply to. For information on getting your Joint Services Transcript, go to the *Student Resources* section.
- Check to see if your school accepts common applications. Filling out one document that you can send to several schools will save you time.

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Questions?

- Submit questions via the Q&A box located on the screen.
- The Q&A box is monitored and questions will be forwarded to our presenters for response.
- We will respond to as many questions as time permits.

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2. Select the activity: **13 August 2015 TBI Webinar**
3. This will take you to the log in page. Please enter your e-mail address and password. If this is your first time visiting the site, enter a password you would like to use to create your account. Select Continue.
4. Verify, correct, or add your information AND Select your profession(s).
5. Proceed and complete the activity evaluation
6. Upon completing the evaluation you can print your CE Certificate. You may also e-mail your CE Certificate. Your CE record will also be stored here for later retrieval.
7. The website is open for completing your evaluation for 14 days.
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August 27, 2015
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