



# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

## Occupational Therapy Application for Continuing Education Approval Individual Form

Individuals requesting course approval for occupational therapy continuing education (CE) must complete this form. Please submit the information required for approval **at least 90 days** prior to the course to guarantee that your information will be reviewed by the Section prior to the date of the event. The Section will not review incomplete applications. Applications are reviewed at each Section meeting and approved courses are posted on the Board's website. **If approved, you will receive an emailed confirmation of approval, which is valid for two years from the date the approval letter is issued.**

Credit for CE may be obtained without completion of this form if the program meets the following criteria:

- It contributes directly to an occupational therapy practitioner's professional competency;
- It relates directly to clinical practice, management, or education of occupational therapy; and
- It is conducted by individuals who have demonstrated expertise in the subject matter of the program.

**Fee:** The fee for CE approval is \$25.00 per request. Submit a cashier's check, business check, or money order payable to "Ohio Treasurer of State" along with this application. You can also submit a completed "Credit Card Payment Authorization Form" along with this application.

**Instructions:** The following items/documents must be included with each request for CE approval. Missing items will delay the processing of your application.

**(1) Learning Objectives**

The learning objectives must clearly identify the knowledge and skill(s) the participant(s) should acquire by participating in the program.

**(2) Presenter Qualifications**

Each presenter should provide a resume, curriculum vitae, or statement of qualifications, which must be attached with this application. These items should be no more than 2 pages in length and include the speaker(s) professional and background information.

**(3) Program/Course Schedule**

Attach a copy of the program agenda, itinerary, or outline with detailed times for breaks and lunches. CE will not be awarded for registration, breaks, lunches, or program evaluations.

**(4) Distance Learning (home study, video, CD, or web-based programs)**

Provide justification of the hours calculated to complete the program, including the core program content, labs, and a copy of the pre/post test(s). The Section may require a copy of the program text or access to the program prior to granting approval.

**(5) Brochure**

Please submit a program brochure if one is available.

**(6) Publications**

Provide a copy of the published article, title page of the book, or film. The publication must have been published in the current renewal period. Please submit a program brochure if one is available.

**(7) Presentations of occupational therapy programs**

Provide a copy of the workshop, conference, or seminar brochure. CE credit will not be given for subsequent presentations of the same material.

**(8) Undergraduate/graduate coursework**

Provide a copy of the catalogue course description, syllabus from the course, and an official copy of your university transcript or grade slip demonstrating successful completion.

**(9) Apprenticeship**

Provide a signed letter from the clinical supervisor describing the length and type of education experiences and an evaluation of the occupational therapy practitioner's performance. All apprenticeships must have prior approval from the Section.

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Please submit the following application to Board via Fax (614) 995-0816, Email [board@otptat.ohio.gov](mailto:board@otptat.ohio.gov) or mail:

Ohio OTPTAT Board  
OT CE Approval  
77 South High Street 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108



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<b>Section I: Individual Information</b>	
Please complete the required information directly on the form. Attach a separate sheet if necessary.	
<b>Title of Program/Course:</b>	
<b>Name:</b> (Print your First and Last Name)	
<b>Mailing Address, including City, State, and Zip Code:</b>	
<b>Phone Number w/ Area Code:</b>	<b>Fax Number w/Area Code:</b>
<b>Email Address:</b>	<b>License Number:</b> (i.e. OT.000000)

<b>Office Use Only</b>	
<b>Date Received:</b>	<b>Money Order/Cashier's Check No.:</b> _____
	<b>Amount Rec'd \$</b> _____ <b>Batch Number:</b> _____
	<b>Entered By:</b> _____ <b>Date Entered:</b> _____
<b>Reviewed By:</b> _____ <b>Date Reviewed:</b> _____	<b>For Board Review:</b> <input type="checkbox"/>
<b>Meets Ethics Requirement:</b> <input type="checkbox"/>	<b>Board Review Date:</b> _____
<b>Approved:</b> <input type="checkbox"/> <b>Denied:</b> <input type="checkbox"/> <b>Date:</b> _____	<b>Reviewed By:</b> _____
<b>Hours Awarded:</b> _____	<b>Comments:</b>
<b>Approval Number:</b> _____	

**Section 2: Program Information**

Please complete the required information directly on the form. Attach a separate sheet if necessary.

**Sponsor Name(s)**

**Instructor(s) Name(s):**

**Sponsor Phone Number w/ Area Code:**

**Sponsor Fax Number w/Area Code:**

**Sponsor Email Address:**

**Sponsor Website:**

**Type of Program:**

- Conference Seminar  
  Distance Learning/Home Study  
  Publication  
  Presentation  
 Other: Please Explain.

**Location(s) and Date(s):** Attach a schedule if presented in multiple locations on multiple dates.

**City:**

**State:**

**Date:**

**Target Audience:**

- OT  
  OTA  
  Other: Please Explain.

**Proposed Continuing Education Units:**

You are required to attach a detailed explanation of the program content and schedule.

Calculation of Hours: 60 Minutes = 1 contact hour; 15 minutes = 0.25 contact hours.

**Number of Hours Requested:** \_\_\_\_\_

**If the Section previously approved this course,** please list the Ohio approval number and attach an explanation of any changed to the program content, if applicable. Prior approval does not guarantee renewed approval of the program(s).

**Detailed program Description:**

**Provide a typed explanation on a separate sheet of paper that states how/why the program content is directly related to the clinical practice, management, and/or education of occupational therapy.** If there are multiple sessions, please attach a brief summary and relevancy statement for each session.

**Participation Evaluation:**

Describe how the presenter will determine if the participants have met the learning objectives. Examples include a pre/post test, observation, Q & A, etc.