



Application for Occupational Therapy Continuing Education Approval Individual Form

Individuals requesting course approval for occupational therapy continuing education (CE) must complete this form. **If approved, you will receive a confirmation of approval.**

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.

Please submit the information required for approval 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.

Fee:

There is no fee for requesting approval for occupational therapy CE programs.

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**
You must provide a resume, curriculum vitae, or statement of qualifications for each presenter, 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.

- (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:

Ohio OTPTAT Board
OT CE Approval
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108
(614) 995-0816 (Fax)

Applications are reviewed at each Section meeting and the approved courses are posted on the Board's website.

Section 1 Individual Information

Please complete the required information directly on the form.

Attach a separate sheet if necessary.

Name:				
Mailing Address:				
City:	State:	Zip Code:		
Telephone:		Fax:		
E-mail address:		Website Address:		
Type of Provider/Course: (Check Applicable Box) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> OOTA <input type="checkbox"/> AOTA/NBCOT <input type="checkbox"/> AOTA Approved Provider <input type="checkbox"/> Other: (Please Explain) _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Professional CE Provider <input type="checkbox"/> Educational Institution with an ACOTE accredited OT/OTA program </td> </tr> </table>			<input type="checkbox"/> OOTA <input type="checkbox"/> AOTA/NBCOT <input type="checkbox"/> AOTA Approved Provider <input type="checkbox"/> Other: (Please Explain) _____	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Professional CE Provider <input type="checkbox"/> Educational Institution with an ACOTE accredited OT/OTA program
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Proposed Continuing Education Units You are required to attach a detailed explanation of the program content and schedule				
Number of Hours Requested: (60 Minutes = 1 contact hour) (15 Minutes = .25 contact hours) <div style="text-align: right; margin-top: 5px;">_____</div>				
Target Audience:	OT/OTA: _____	Other: _____		

Office Use Only:	
Approved By: _____	Approval Number: _____
Date Received: _____	Hours Awarded: _____

Section 2 Program Information

Please complete the required information directly on the form.

Attach a separate sheet if necessary.

Title of Program/Course:		
Instructor(s)/Sponsor(s) Name(s):		
Sponsor Website Address:	Sponsor e-mail Address:	
Sponsor Phone:	Sponsor Fax:	
Type of Program: <input type="checkbox"/> Conference/Seminar <input type="checkbox"/> Presentation <input type="checkbox"/> Distance Learning/Home Study <input type="checkbox"/> Publication <input type="checkbox"/> Other: (Please Explain) _____		
Location(s) and Date(s): Attach a schedule if presented in multiple locations on multiple dates		
City:	State:	Date:
Does this program meet the ethics requirement specified in rule 4755-9-01 of the Ohio Administrative Code? (Check One) (If yes, please attach a written explanation or include relevant sections of the program description.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Detailed Program Description:

This must state 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 summary and relevancy of each session. You may provide a typed explanation on a separate sheet

Participant 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.