



# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

## Athletic Training Application for Continuing Education Approval Sponsor Form

Organizations or agencies requesting course approval for athletic training continuing education (CE), including Ethics courses, 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.**

**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. In the case of the Ethics course, it must include emphases on the ethical constructs and their relationship to the practice of athletic training.

### (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.

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### Please submit the following application to:

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

(614) 995-0816 (Fax)  
[board@otptat.ohio.gov](mailto:board@otptat.ohio.gov) (Email)



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<b>Section I: Sponsor Information</b> Please complete the required information directly on the form. Attach a separate sheet if necessary.	
Title of Program/Course:	
Sponsor Name:	
Contact Person Name:	
Mailing Address, including City, State, and Zip Code:	
Phone Number w/ Area Code:	Fax Number w/Area Code:
Email Address:	Website:

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

**Section 2: Program Information**

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

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

**Type of Program:**

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

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

**City:**

**State:**

**Date:**

**Target Audience:**

- AT  
  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 you are requesting approval for Ethics, check this box:**

**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 athletic training. For ethics courses, include how the ethical development in these preceding areas are addressed. 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.