



Application for Athletic Training Continuing Education Approval Sponsor Form

Organizations or agencies requesting course approval for athletic training continuing education (CE) must complete this form. **If approved, you will receive a confirmation of approval, which is valid for two years from the date the approval letter is issued.**

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:

The fee for athletic training CE approval is \$25.00 per request. Submit a cashier's check, business check, or money order payable to "Treasurer, State of Ohio" 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.

Please submit the following application to:

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

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

Section 1 Sponsor Information

Please complete the required information directly on the form.

Attach a separate sheet if necessary.

Sponsor Name:		
Contact Person:		
Mailing Address:		
City:	State:	Zip Code:
Telephone:		Fax:
E-mail Address:		Website Address:
Type of Provider:(Check Applicable Box)		
<input type="checkbox"/> OATA/GLATA	<input type="checkbox"/> Hospital/Clinic	
<input type="checkbox"/> BOC/NATA	<input type="checkbox"/> Professional CE Provider	
<input type="checkbox"/> BOC/NATA Approved Provider	<input type="checkbox"/> Educational Institution with a	
<input type="checkbox"/> Other: (Please Explain)	CAAHEP accredited AT program	

Office Use Only:	
Approved By: _____	Approval Number: _____
Paid: \$ _____	Batch Number: _____
Date Received:	

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) Name(s):		
Type of Program: <input type="checkbox"/> Conference/Seminar <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:

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) _____		
Target Audience:	AT: _____	Other: _____

Does this program meet the ethics requirement specified in rule 4755-45-01 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 clinical practice, management, and/or education of athletic training. If there are multiple sessions, please attach a brief summary and relevancy statement for each session. You may provide a typed explanation on a separate sheet of paper.

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.