



# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

## Occupational Therapy Application for Continuing Education Approval Sponsor Form

Organizations or agencies 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. The following items/documents must be included with each request for CE approval. **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 completed "Credit Card Payment Authorization Form" along with this application. You may also submit a cashier's check, business check, or money order payable to "Ohio Treasurer of State" along with this application, but credit card is greatly preferred.

### (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, virtual, 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 requires a hard copy of the program text prior to granting approval. Please do not send weblinks.

### (5) Brochure

Please submit a program brochure if one is available.

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### Please submit the following application to:

Ohio OTPTAT Board  
OT 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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**Instructions:** The following items/documents must be included with each request for CE approval. To ensure all items listed below are in the application, sign your initials below each item. Missing items will delay the processing of your application.

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➤ \_\_\_\_\_

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➤ \_\_\_\_\_



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## Occupational Therapy Application for Continuing Education Approval Sponsor Form

|   |                         |
|---|-------------------------|
| <b>Section I: Sponsor Information</b><br>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.: _____<br>Amount Rec'd \$ _____ Batch Number: _____<br>Entered By: _____ Date Entered: _____ |
| Reviewed By: _____ Date Reviewed: _____<br>Meets Ethics Requirement: <input type="checkbox"/><br>Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Date: _____<br>Hours Awarded: _____<br>Approval Number: _____ | For Board Review: <input type="checkbox"/><br>Board Review Date: _____<br>Reviewed By: _____<br>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:**

- 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:** \_\_\_\_\_

**Number of ethics, jurisprudence, or cultural competence 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.