Pennsylvania
Department of State
State Board of Occupational Therapy Education and Licensure

OCCUPATIONAL THERAPY CONTINUING EDUCATION BOARD-APPROVED PROVIDER APPLICATION

Preapproved and Board-approved providers **DO NOT** need to submit additional applications for approval of courses. Educational courses offered by preapproved and Board-approved providers will be accepted as satisfying the continued competency requirement, **provided** that the continuing education course is "relevant to the practice of Occupational Therapy." Please note, that the Board reserves the right to reject a course if the content is outside of the scope described in the Board's regulations at 49 Pa. Code § 42.55(a) (relating to acceptable continued competency activities).

The Board has preapproved educational courses provided, co-provided or approved by the following entities:

1. A national, international or state level occupational therapy association.
2. The American Occupational Therapy Association's Approved Provider Program.
3. American Society of Hand Therapists.
4. Association for Driver Rehabilitation Specialists.
5. Department of Education.
6. An accredited college or university or post-secondary vocational technical school or institution.
7. Federal or state government programs related to health care.
8. A provider approved by another health licensing board within the Bureau of Professional and Occupational Affairs or another State licensure board.
9. National and State professional health care organizations.
10. National and State professional education organizations.
11. National Alliance for the Mentally Ill.
12. Case Management Society of America.

INSTRUCTIONS:

1. The Board-Approved Provider application must be submitted at least 60 days prior to the date of the initial course(s) offered but no later than 90 days before the end of the biennial renewal period.

2. The application must be **typed or printed legibly only**. All questions must be answered completely or the application may be denied.

3. FEE: $40.00 check or money order payable to "Commonwealth of PA". The fee is not refundable. A processing fee will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

4. Submit a sample course outline, formats used to create detailed course description and specific learning objectives, including determining hourly schedule, procedure for determining licensee's perceptions of the extent to which the objectives have been met, and form used to confirm list of instructors' names, titles, affiliations, degrees and curriculum vitae/resume.

5. Submit a sample of a **Certificate of Completion** to be issued to each attendee. The sample must contain fields for the name of the provider, title of course, date of course, and spaces for inclusion of the name of the attendee, the number of hours completed, signature of person verifying completion and a space entitled "PA Board Approval Number:_____"

6. The PA Board Approval Number will be sent by the Board along with your approval notification.

STANDARDS FOR COURSES AND PROGRAMS:

- Courses must offer specific learning objectives.

- Provider must have criteria for selecting and evaluating faculty instructors, subject matter and instructional materials.

- Provider must have procedure for determining licensees' perceptions of the extent to which the objectives have been met.

- One (1) contact hour equals 50-60 minutes of actual instruction. Breaks and lunch cannot be counted as instruction time.

- All provider approvals are valid for the two-year biennial period, provided the faculty and learning objectives and procedures are unchanged. All Pennsylvania provider approvals expire June 30 of each odd numbered year. Board- approved providers must submit a new Board-Approved Provider Application each biennium.

- The Board reserves the right to reject a course if the content is outside of the scope described in § 42.55(a) (relating to acceptable continued competency activities). Continuing education contact hours will only be awarded for continued competency activities that are relevant to the practice of occupational therapy as defined in Section 3 of Act 140 of 1982. **Contact hours will not be awarded for activities related to marketing, office management, financial gain or self-promotion.**

IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD OR RECEIVED FROM THE BOARD FOR YOUR FUTURE REFERENCE.

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OCCUPATIONAL THERAPY CONTINUING EDUCATION PROVIDER APPLICATION

1. _____
   Name of Provider (agency, organization, institution, or center)

   _____
   Principal Contact Person and Title

2. _____
   Address City State Zip

3. ( ) _____
   Telephone number

4. _____
   Email address

Provide the following:

5. Statement of purpose of provider: _____

6. Courses are administered via (Check all applicable)→
   - ☐ In-person instructor /speaker
   - ☐ Correspondence (written material)
   - ☐ Individual study (includes online)

7. Describe the criteria for selecting and evaluating faculty instructor, subject matter and instructional materials for courses.

8. Describe the procedure for determining licensees' perceptions of the extent to which the objectives have been met for courses.

9. Attach sample Course advertisement, hourly schedule, learning objectives, certificate of completion, method of evaluation for presenter and participant learning, faculty or instructors selected with curriculum vitae.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa.C.S.§ 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of provider _____ Date _____