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

APPLICATION FOR INDIVIDUAL APPROVAL OF OCCUPATIONAL THERAPY CONTINUING EDUCATION COURSE

A licensee may request approval of contact hours for educational courses not otherwise approved by submitting this application for approval to the Board no later than 90 days before the end of the biennial renewal period.

You **DO NOT** need to submit an application for further approval if the course was provided by a preapproved provider or a Board-approved provider. 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".

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.

STANDARDS FOR COURSES AND PROGRAMS:

- 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 2 of Act 140 of 1982. **Contact hours will not be awarded for activities related to marketing, office management, financial gain or self-promotion.**
- Courses must offer specific learning objectives.
- One (1) contact hour equals 50-60 minutes of actual instruction. Breaks and lunch cannot be counted as instruction time.
- Approval is valid only for the applicant for the current biennial renewal period.

INSTRUCTIONS:

1. The application must be submitted 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. You must submit a copy of the **course outline, detailed course description, and program catalog or brochure.**

5. You must submit a copy of the certificate of completion.

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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Applicant Information:

Name: _____ License No.: _____

_____

Address City State Zip

( ) _____

Telephone number Email address

Course Information:

Name of Sponsor/Provider: _____

Sponsor/Provider Address: _____

_____

Contact Person: _____

Telephone number: _____ Email address: _____

Title of Course: _____

Date of Course: _____

Location of Course: _____

Name(s) of Instructor(s): _____

Instructor(s) Qualifications: _____

Contact Hours: _____

Course is administered via (Check applicable)→

☐ In-person instructor /speaker

☐ Correspondence (written material)

☐ Individual study (includes online)

Describe the specific learning objectives for courses:

_____

_____

Provide an assessment of the course:

_____

_____

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 applicant _____ Date _____