



Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION & LICENSURE
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-1389

OCCUPATIONAL THERAPY CONTINUING EDUCATION PROGRAM APPROVAL APPLICATION - INDIVIDUAL APPROVAL

INFORMATION:

- Continuing education must be designed to advance the licensee's professional knowledge and skills related to the practice of occupational therapy as defined in Section 2 of Act 140 of 1982. **No credit will be given for courses in administrative services or office practices.**
- One (1) contact hour equals 50-60 minutes of actual instruction. Breaks and lunch cannot be counted as instruction hours.

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION TO THE ABOVE ADDRESS:

1. A course outline AND detailed course description, with specific learning objectives, including hourly schedule.
2. A continuing education presenter information form and resume for each instructor.
3. A sample of the **Certificates of Completion** to be issued to each attendee. The sample must contain 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: _____". The Board approval number will be sent by the Board with the approval notification.
4. FEE: \$40.00 check or money order payable to "Commonwealth of PA". The fee is not refundable.
5. Must be submitted no later than 90 days before the end of the biennial renewal period and include the following:
 - a. The title of the course and number of contact hours
 - b. The description of the course from the program catalog or brochure
 - c. The learning objectives.
 - d. The name and qualifications of the presenter.
 - e. An assessment of the course.

OCCUPATIONAL THERAPY CONTINUING EDUCATION COURSE APPLICATION

Name and phone number of person completing this application:

Last name	First name	Telephone number	Fax number
Address		License number	email address

1. Name of Course Sponsor _____

2. Sponsor Address _____

3. Contact Person _____ Daytime Phone _____

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. section 4911.

4. Signature _____ Date _____

AS NECESSARY BELOW, PROVIDE ADDITIONAL INFORMATION ON SEPARATE SHEETS

5. Title of Course _____

6. Initial Date of Course _____ Initial Course Location _____

7. Name(s) of Instructor(s) _____

8. Method of verifying attendance/completion _____

Course approval is valid for the 2 year biennial period, from the date the course is first given for credit, provided the faculty and learning objectives are unchanged.

Course is administered via
(check applicable)→

- ☐ In-person instructor /speaker
- ☐ Correspondence (written material)
- ☐ Individual study (includes online)

Number of hours requested _____

BOARD USE ONLY

Application Number _____

Board member reviewing _____

Approve _____ Disapprove _____

Date _____

Reason(s) for disapproval _____

STATE BOARD OF OCCUPATIONAL THERAPY
CONTINUING EDUCATION PRESENTER INFORMATION FORM

1. To be submitted with application.
2. To be printed or typed only.
3. Provide professional background and expertise of each presenter.

NAME OF FACULTY/PRESENTER _____

ADDRESS _____
_____ Street
_____ City _____ State _____ Zip Code

TELEPHONE NUMBER _____

EDUCATION _____

SPECIFY PROFESSIONAL QUALIFICATIONS (Please attach resume) _____

