### GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health

Health Professional Licensing Administration for the D.C. Board of Occupational Therapy



### \* SPONSORING ORGANIZATION \*

#### APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

Name	e of Sponsorii	ng Organizatio	on		
Street	et Address				
City		State	Zip Code	Area Code and Telephone #	
Person R	Responsible				
	Title				
Program	m: 1				
N1.					
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Number	of clock hour	s requested (m	ninimum of 50 minute	es = 1 clock hour; no fractions allowed	l)
Number	of clock hour	s requested (m	ninimum of 50 minute	es = 1 clock hour; no fractions allowed	l) —
	of clock hours	s requested (m		es = 1 clock hour; no fractions allowed  Course Date	l) 
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<u>Cours</u>	rse Site v, State)		<u>(</u>	Course Date	l) 
<u>Cours</u>	rse Site v, State)		<u>(</u>		
<u>Cours</u> (City)	rse Site v, State)		<u>(</u>	Course Date	
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<u>Cours</u> (City)	rse Site v, State)		<u>(</u>	Course Date	
Cours (City)	rse Site v, State)	reviously appi	<u>(</u>	Course Date	

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9.	How does this course relate to the practice of Occupational Therapy?					
10.	Attach:	<ul><li>(a) a description of the course objectives</li><li>(b) an outline of the course content;</li><li>(c) a description of the teaching methods</li><li>(d) a description of any instructional methods</li></ul>	s to be employed and			
11.	Anticipat	ted number of participants:				
12.	Attach a	time schedule for the course that describes	how the course time will be utilized.			
13.	Attach a	copy of the evaluation form.				
14.	Attach a	brief biography or curriculum vitae of each	n presenter.			
15.	Attach a	copy of the certificate given to each partici	ipant who completes the course.			
16.	Enclose a	a copy of promotional material, if available	÷.			
17.	Attach a	copy of a Pre and PostTest.				
Sig	nature of	Person Submitting this Application	Title			
			Date			

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### **CONTINUING EDUCATION ORGANIZATIONAL INFORMATION**

Organization/Agency Name:
Address:
City/State/Zip Code:
Area Code and Telephone #:
Person Responsible for Continuing Education:
Title:
Organizational Philosophy and Objectives:
nstructional Staff:
Describe method for recording attendance during the program (supply form used):
This approval is good for as long as there are not any changes to either the program content or the instructors for the program.  Only the following types of continuing education programs are example from prior review.
Only the following types of continuing education programs are exempt from prior review and approval for acceptance in the District of Columbia: All continuing education programs provided directly by the American Occupational Therapy Association (AOTA), AOTA Approved Providers, state or local occupational therapy associations, accredited healthcare facilities, and accredited colleges or universities.