



OPA-MCE Psychologist's Request For Single Course Review

2008-2010

Office of Mandatory Continuing Education Office
395 East Broad Street #310
Columbus, Ohio 43215
Phone 888-672-6231 or 614-224-9620
Fax 614-224-6702
mce@ohpsych.org

Photocopy Form as Necessary

PLEASE NOTE: Although a course may have been approved once, the course is not guaranteed to be approved a second time.

A) General Information

Today's Date: _____

Are you an OPA Member? Yes No* (**Non-members enclose \$50.00 for each course to be reviewed**)

License #: _____ Business Phone: _____

Name: _____

Address: _____

City, State, Zip: _____

B) CE Activity Information

Check your participation in this activity:

- Attended/Completed (CE = face-to-face hours) Presented/Taught (CE = face-to-face hours)
- Article/Book Chapter (CE = 7) /Book Written (CE = 10-20) Grad Course (CE= face-to-face hours)

Is this course submitted to fulfill requirement for CE in **Professional conduct/Ethics**? Yes No

Exact Title of CE Activity: _____

Number of Credits Earned: _____ City & State of CE Activity: _____

Exact Date(s) you attended/completed this CE Activity: _____

Name of Organization sponsoring this CE Activity: _____

NOTE: OPA-MCE DOES NOT GIVE CREDIT FOR DISTANCE LEARNING COURSES GIVEN BY PROVIDERS WHO ARE NOT ACCREDITED BY ONE OF THE ORGANIZATIONS EMPOWERED TO DO SO UNDER OHIO LAW (APA, OPA, OSBP, NSPA, OSPA, OSBE, OABP). Is this Distance Learning? _____

ENCLOSE THE FOLLOWING (to determine appropriateness of the activity for CE credit): Must Have

BOTH: Copy of certificate of attendance/completion **AND** Course Description/Objectives

For Graduate Courses Taught: Syllabus **AND** Letter from Department documenting course(s) taught

For Writing: Copy of article/chapter Copy of book Other information (see below)

Please note that all submissions become property of the OPA-MCE Office.

C) Statement of Release Information

The information supplied on this form is true and accurate to the best of my knowledge. I recognize that the Office of Mandatory Continuing Education may be required to share this information with the Ohio State of Board of Psychology, and any false information may lead to action being taken by the State Board of Psychology-Ohio.

Signature: _____ Date: _____

***D) Non-OPA members:** Please enclose a check payable to OPA-MCE for \$50.00 for each course that you would like OPA-MCE Committee members to review. This fee is non-refundable.

E) Mail to: The Office of Mandatory Continuing Education, 395 East Broad Street #310, Columbus, OH 43215.

Note: Incomplete forms and missing documentation significantly delay reviews.