OPA-MCE Provider Renewal Application
2018-2020
Ohio Psychological Association-
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

Type OR Carefully Print; so that, application forms can be processed.

OPA-MCE PROVIDER ORGANIZATION

A. Provider Organization

Tax ID #: ________________________________ (This will be your provider number)

☐ Check here if you are a non-profit organization.

Organization Name: ____________________________________________________________________

Director Name: __________________________ Title: ________________________________

Mailing Address: ______________________________________________________________________

City: __________________________ State: __________________ Zip: __________________

Website: ____________________________________________________________________________

B. Program Administrator - This person serves as the OPA-MCE primary contact and will be the
ONLY person calling, mailing in forms, faxing or contacting OPA-MCE with regards to Attendance
Sheets, MCE Calendar, course advertising, mailing lists, etc. In the event of a change in the
Program Administrator, OPA-MCE must be notified so the OPA-MCE records can be updated and
the new Administrator trained.

Name: ____________________________________ Title: ________________________________

E-mail: ____________________________________________________________________________

Phone: ________________________________ Fax: ________________________________

Primary Records Storage Address (If different than above): ________________________________

____________________________________________________________________________________

C. MCE Program Developer/Presenter

Name: ____________________________________ Title: ________________________________

Phone: ________________________________
D. Provider Type (Check One)

☐ Business
☐ Hospital
☐ County/State Agency
☐ Health Facility
☐ Group Practice
☐ Professional Association
☐ University/Professional School
☐ Educational Organization
☐ Other ________________________________

E. List any state or national accreditations or any other CE provider approval or recognition that you hold (i.e., APA, OSPA, NASP, etc.)

PROGRAM DESIGN

F. Have there been any changes in your administrative structure? If yes, please describe. Please attach vita of the Program Administrator and/or Developer.

G. Please describe any complaints or major issues that may have been raised by participants and how you resolved the issue. Please attach a sample course evaluation form.

H. Were you charged any additional late fees for reporting course information and attendance to the OPA-MCE Office? If yes, what have you done to rectify the problem?
COURSES IN ETHICS/CULTURAL COMPETENCY/PROFESSIONAL CONDUCT:

I. Will you offer courses that focus on ethics/cultural competency/professional conduct?
   □ Yes □ No

If yes, describe the ethical issues to be addressed. What is your rationale for selecting this focus? What are your qualifications for offering this training?

DISTANCE LEARNING

J. Will you offer courses for home study/distance learning? □ Yes □ No
   If no, skip to the next section. If yes, you must complete questions 1 through 9.

1. Describe the type/format of distance learning and your rationale for selecting this format (check all that apply).
   _____Webinar  _____Internet
   _____Publication (book, article)  _____Other (Specify) ____________________________

2. Describe the procedures you use to verify the person being awarded the CE, is the person that took the course. Ask them to verify this with a signature. What techniques do you use to protect the security and confidentiality of course material?

3. How do you verify the instructional hours of the course?

4. What are the requirements for course completion to award credit? If you will use a test as the basis of awarding credit, describe your rationale for the length of the test, the content, and the pass threshold. Attach a sample of each type of instrument used to assess participant learning.

5. How do you assess participant satisfaction? Attach a sample copy or each type of instrument used to assess participant satisfaction.

6. Provide a sample of your promotional material that communicates any special equipment needs to potential participants.

7. Provide a representative sampling of vitae of individuals responsible for preparing the examination materials.

8. Attach a sample copy of a distance learning course syllabus.

9. Attach a copy of each distance learning course you plan to use.
AUTHORIZATION

I certify, on behalf of (Provider Organization) ___________________________ that the preceding statements are true and I understand that any false statements may result in denial or revocation of approval. I have also read and understand the OPA-MCE Provider Guidelines and Policies. Our organization agrees to comply with all OPA-MCE regulations and policies. In addition, our organization agrees to maintain the highest ethical standards as stated in the APA Ethical Principles of Psychologists and Code of Conduct. Finally our organization agrees to fulfill the spirit of all standards relating to equal opportunity and equal access.

Program Developer Signature       Date

Program Administrator Signature   Date

PAYMENT

An OPA-MCE Provider application fee in the amount of $700 is due from non-profit organizations and $900 from for-profit organizations, made payable to OPA-MCE. For the period of September 1, 2018-August 31, 2020, additional fees will be due if more than 20 courses are offered, based on the fee schedule below. Your organization may either pay the additional fees in advance or the OPA-MCE Office will invoice you at the end of the biennium for additional fees based on the number of courses you offer.

For those organizations who pay the application fee in full, the OPA-MCE Program will offer a 5% discount on the application fee, making the total for the two-year contract period $665 for non-profit organizations and $855 for for-profit organizations. For those organizations that wish to pay in installments, they may make two equal payments of $350 (non-profit organization) or $450 (for-profit organization) during the contract period. The first installment is due with the application and the second installment is due by September 1, 2019.

These additional fees are above and beyond the $700/$900 registration fee. Again, the $700/$900 registration allows providers to offer a maximum of 20 courses with no additional fees.

<table>
<thead>
<tr>
<th>OPA-MCE Additional Fee Schedule</th>
<th>Additional Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-40 Courses Offered</td>
<td>$200</td>
</tr>
<tr>
<td>41-60 Courses Offered</td>
<td>$400</td>
</tr>
<tr>
<td>61-80 Courses Offered</td>
<td>$600</td>
</tr>
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<td>81-100 Courses Offered</td>
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<td>101-120 Courses Offered</td>
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<td>161-180 Courses Offered</td>
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<tr>
<td>181-200 Courses Offered</td>
<td>$1,800</td>
</tr>
<tr>
<td>201+ Courses Offered</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

PAYMENT

Amount Enclosed $ ________________________________

☐ Check #: ______________________ (Payable to OPA-MCE)
☐ Visa/Mastercard

Account Number: ________________________________

Expiration Date: ____________________ 3 digit Security Code from back of card: __________________

Billing Zip Code: ____________________ Name on card: ________________________________

Signature: ________________________________