



2020-2022 OPA-MCE Psychologist's Request For Single Course Review

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 | www.ohpsych.org

NOTE: Although an activity may have been approved in the past, it is not guaranteed to be approved again.

Read the Psychologist Quick Review 2020-2022 for the standards of what constitutes continuing education credits.

Is the activity APA Approved? No Yes

If Yes, DO NOT complete this form. Your course is already approved; simply fax or email the certificate to OPA-MCE.

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

License #: _____ Business Phone: _____

Name: _____

Address: _____

B) CE Activity Type - Indicate the type of activity and enclose ALL items requested under the respective activity.

Is the activity Distance Learning? No Yes

If Yes, OPA-MCE is now reviewing distance learning courses and requires a copy of the certificate of attendance stating the title of the course, the number of CE earned, exact date completed AND a course description/objectives.

Attended/Presented a course Number of CE hours requested: _____ (CE = face-to-face classroom hours)

Copy of certificate of attendance **AND**

Course **Description/Objectives** (not a syllabus or agenda) **AND**

Presenter Description(s) If you presented and did not get a certificate, please show proof of presenting.

Presented/Taught a Graduate Course Number of CE hours requested: _____ (CE = face-to-face hours)

You may only use teaching a graduate level psychology course one time for CE.

Course Objectives/ Syllabus **AND**

Letter from Department documenting course(s) taught and beginning/ending date of course(s) and number of hours

Attended a Graduate Course Number of CE hours requested: _____ (CE = face-to-face hours)

Course Objectives/Syllabus **AND**

Transcript or other documentation showing you attended the course and for how many face-to-face hours

Wrote an Article/Book Chapter: Number of CE hours requested: _____ (CE = 3-7, per reviewer discretion)

Copy of article/chapter Show exact date published or accepted to be published in professional journals for articles

Optional: Self-addressed, stamped envelope (if you want the item returned)

Wrote a Book Number of CE hours requested: _____ (CE = 10-20, per reviewer discretion)

Copy of book Show exact date published or accepted to be published below.

Optional: Self-addressed, stamped envelope (if you want the item returned)

C) CE Activity Specific Information

Is this going towards the FOUR (4) **Ethics/Cultural Competency/Professional Conduct** CE? Yes No

Exact Title of activity/article: _____

Date(s) of this activity : EXACT Begin Date _____ EXACT End Date _____

Location of activity: _____

Name of Organization sponsoring/publishing this activity: _____

C) Statement of Release

By signing here you are stating that you have taken this course yourself, without help from any outside sources.

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

Signature: _____ Date: _____

***D) Non-OPA members ONLY:** Remit \$50.00 for each course you would like OPA-MCE Committee members to review.

This fee is non-refundable. Make checks payable to OPA-MCE or pay with credit card at www.ohpsych.org/mce.

Online payments only: List date of payment submission: _____ Name on credit card: _____

Mail, e-mail or fax this form and ALL required documentation using the contact information above. .Note: Incomplete forms and missing documentation significantly delay reviews. Allow four to six weeks from submission for a response from the OPA-MCE Review Committee. All submissions become property of the OPA-MCE Office.