OPA-MCE ATTENDANCE SHEET - Ohio Psychologists Names ONLY

Approved OPA-MCE Provider Company Name:_____

Course Title:_____
(Exactly as it appears on the certificate)

Is this course **Ethics/Cultural Competency/Professional Conduct**? ☐ Yes ☐ No

Course City:_____ (If Live In Person Course only)

Course Type - Check ONE: ☐ Live Webinar ☐ Grand Rounds ☐ Recorded Webinar/Course*
*All recorded on-demand courses must be dated the first day of the biennium 9-1-2020. Please explain this to all attendees so they know where to look for these on their transcript.

*Exact Number of Course Credit Hours:*_____ *Exact Date of Course:* _____

Provider Contact Name: _____ Provider Contact Phone: _____

Every question above *MUST* be answered by the Provider and sent to OPA-MCE within 30 days. Failure to answer ALL the questions will result in this form being returned to you causing delays in posting.
Fax to 614-224-6702 or email as pdf attachment to mce@ohpsych.org

Ohio Psychology License # Only	PRINT Name Clearly	Signature or Provider Confirmation of Attendance for all Distance Learning

This attendance list accurately reflects all Ohio psychologists who attended this course. *Page _____of _____*