



2018-2020 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.

A) 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 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. By signing here you are stating that you have taken this course yourself, without help from any outside sources. Sign and date:**

Signature _____ Date _____

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.

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

☐ Copy of certificate of attendance **AND**

☐ Course Description/Objectives **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)

☐ Syllabus **AND**

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

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

☐ 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

☐ 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: _____

Exact Date(s) you completed/published this activity: MM/DD/YY _____

City/State of activity: _____

Name of Organization sponsoring/publishing this activity: _____

C) Statement of Release

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.