



# 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](mailto:mce@ohpsych.org) | [www.ohpsych.org](http://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](http://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.**