

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health**

Health Professional Licensing Administration  
for the D.C. Board of Occupational Therapy



**\* SPONSORING ORGANIZATION \***

**APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL**

1. \_\_\_\_\_  
Name of Sponsoring Organization

2. \_\_\_\_\_  
Street Address

3. \_\_\_\_\_  
City                                      State                                      Zip Code                                      Area Code and Telephone #

4. Person Responsible \_\_\_\_\_  
Title \_\_\_\_\_

5. Program Title \_\_\_\_\_

6. Number of clock hours requested (minimum of 50 minutes = 1 clock hour; no fractions allowed)  
\_\_\_\_\_

| 7. <u>Course Site</u><br>(City, State) | <u>Course Date</u> |
|--|--------------------|
| -----                                  | -----              |
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| -----                                  | -----              |
| -----                                  | -----              |

8. Has this course been previously approved?

Yes       No

If Yes, please provide a copy of the approval letter.

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9. How does this course relate to the practice of Occupational Therapy?

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10. Attach: (a) a description of the course objectives;  
(b) an outline of the course content;  
(c) a description of the teaching methods to be employed and  
(d) a description of any instructional media to be utilized.

11. Anticipated number of participants: \_\_\_\_\_

12. Attach a time schedule for the course that describes how the course time will be utilized.

13. Attach a copy of the evaluation form.

14. Attach a brief biography or curriculum vitae of each presenter.

15. Attach a copy of the certificate given to each participant who completes the course.

16. Enclose a copy of promotional material, if available.

17. Attach a copy of a Pre and PostTest.

\_\_\_\_\_  
Signature of Person Submitting this Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**CONTINUING EDUCATION ORGANIZATIONAL INFORMATION**

Organization/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Area Code and Telephone #: \_\_\_\_\_

Person Responsible for Continuing Education: \_\_\_\_\_

Title: \_\_\_\_\_

Organizational Philosophy and Objectives:

Instructional Staff:

Describe method for recording attendance during the program (supply form used):

**This approval is good for as long as there are not any changes to either the program content or the instructors for the program.**

**\* Only the following types of continuing education programs are exempt from prior review and approval for acceptance in the District of Columbia: All continuing education programs provided directly by the American Occupational Therapy Association (AOTA), AOTA Approved Providers, state or local occupational therapy associations, accredited healthcare facilities, and accredited colleges or universities.**