

Registration for OSPA Mandatory Continuing Education

*This form is for those tracking continuing education for their two-year independent school psychology license.
Do not use this form for school-based licenses.*



OSPA-MCE
1500 W. 3rd Ave. #228
Columbus, OH 43212
(614) 285-4589
mail@ospaonline.org

Sept. 1, 2024 - Aug. 31, 2026

Members and past MCE registrants
can RENEW ONLINE with a credit card
at www.ospaonline.org

First Name: _____

Last Name: _____

Address: _____

Email: _____

Updates and reminders will be sent via email.
Receive messages through postal mail only.

Phone: _____

SBP License Number: _____

Year Licensed: _____

If licensed after Sept. 30, 2024, provide date: _____

Highest Conferred Degree: _____

Engaged in Private Practice? Yes No

Are you in private practice under
the supervision of another licensee? Yes No

REGISTRATION FEE \$195

If OSPA member, subtract \$60 \$
(Must be current member or join
now. Member year is July 1-June 30.)

LATE FEES if paying after: \$

12/1/24 Add \$30
3/1/25 Add \$50
6/1/25 Add \$70
9/1/25 Add \$90
12/1/25 Add \$110
3/1/26 Add \$160
6/1/26 Add \$210
After 8/31/26 . . . Add \$300

TOTAL AMOUNT \$

Signature of Licensee Date
(Type name if sending electronically)

PAYMENT: Make checks payable to OSPA. If using a credit card (VISA or MasterCard only), complete the following.

Cardholder's Name: _____

Billing Address: _____

Same as above _____

Card Number: _____ Expiration Date: _____ 3 Digit Code: _____

PLEASE MAIL TO:
1500 W. 3rd Ave. #228
COLUMBUS, OH 43212
MAIL@OSPAONLINE.ORG (CREDIT CARDS AND POS ONLY)