2024-26 PSYCHOLOGIST'S REQUEST FOR SINGLE COURSE REVIEW FORM

MAIL TO: OSPA-MCE

ATTN: Megan Luna 1500 W. 3rd Ave. #228 Columbus OH 43212

email to: mail@ospaonline.org

DIRECTIONS FOR USAGE: Only complete this form if the workshop/seminar has not been approved by OSPA, OPA, APA, NASP, the State Board of Education/ODE or the State Board of Psychology. Please complete the following information and attach to it a copy of the seminar's promotional materials or brochure and a copy of a certificate of attendance verifying your attendance at the seminar. Ohio law and regulations require the following criteria for course approval: each course offer content that is relevant in both subject and level for the continuing education of psychologists; specify learning objectives that are measurable and that can serve as a basis for evaluation of the effectiveness of the program or course; and be presented by instructors whose adequate competency is demonstrated by credentials, reputation, appropriate licensure and/or education degrees. If the promotional materials do not adequately address the above criteria, it may be necessary for OSPA-MCE to contact the Provider to obtain additional information.

The OSPA-MCE Review team will review the materials submitted and determine if the course or seminar can be approved for continuing education credit. Please allow 6-8 weeks turnaround for notification. Psychologists will be notified **via email** whether the course is approved or not.

Name:	SE	BP License #	Your Ema	.il:	
School Psychologist or Psychologist?	Date of Seminar/Workshop:				
Name of Seminar/Workshop:					
Location of Seminar:					
	City		State	Zip	
Seminar Provider:		Phone No. of Provider:			
Number of MCE Credit Hours Awarde	ed: Da	ate Sent to Re	view Team: _		
Are you seeking credit for the ethics	s/cultural con	npetency/prof	fessional condu	uct requirement?	
OSPA-MCE Office Use Only					
Signature of Review Team Member		Ap	proved by OSP	A-MCE	
 Date Signed	_	No	t Approved by	OSPA-MCE	