## 2016-18 PSYCHOLOGIST'S REQUEST FOR SINGLE COURSE REVIEW FORM

MAIL TO: OSPA-MCE

ATTN: Rachel Chilton
4449 Easton Way, 2<sup>nd</sup> Floor
Columbus OH 43219
email to: mail@ospaonline.org
or fax to: (614) 934-1603

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 only be notified **via email** if the course is <u>not</u> approved.

Name:	SBP License #	Your Email:	
School Psychologist or Psychologist?		Date of Seminar/Workshop:	
Name of Seminar/Workshop:			
Location of Seminar:	City	State Zip	
Seminar Provider:	Ž	one No. of Provider:	
Number of MCE Credit Hours Awarded:	Date Sent t	o Review Team:	
Are you seeking credit for the ethics/cultu	ral competency/profes	sional conduct requirement?	
OSPA-MCE Office Use Only			
Signature of Review Team Member		Approved by OSPA-MCE	
Date Signed		Not Approved by OSPA-MCE	