2018-20 PSYCHOLOGIST’S REQUEST FOR SINGLE COURSE REVIEW FORM

MAIL TO: OSPA-MCE
ATTN: Rachel Chilton
4449 Easton Way, 2nd 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 be notified via email whether the course is approved or not.

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: _______________________________ Phone No. of Provider: ___________________

Number of MCE Credit Hours Awarded: ______ Date Sent to Review Team: ________________

Are you seeking credit for the ethics/cultural competency/professional conduct requirement? __________

OSPA-MCE Office Use Only

_____________________________ ______ Approved by OSPA-MCE
Signature of Review Team Member

_____________________________ ______ Not Approved by OSPA-MCE
Date Signed