



## OPA-MCE One Course Provider Application

2016-2018

Ohio Psychological Association-  
Mandatory Continuing Education Office  
395 East Broad Street # 310  
Columbus, Ohio 43215  
Phone 888-672-6231 or 614-224-9620  
Fax 614-224-6702  
mce@ohpsych.org

ONLY TYPED OR COMPUTER-GENERATED FORMS WILL BE PROCESSED  
PLEASE ATTACH ADDITIONAL SHEETS WHERE NECESSARY

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### OPA-MCE PROVIDER ORGANIZATION

#### A. Provider Organization

Tax ID #: \_\_\_\_\_ (This will be your provider number)

Check here if you are a non-profit organization.

Organization Name: \_\_\_\_\_

Director Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web site: \_\_\_\_\_

**B. Program Administrator (This person serves as the OPA MCE primary contact and will be the only person mailing in forms, faxing or contacting OPA-MCE with regards to Attendance Sheets, MCE Calendar, etc.) In the event of the Program Administrator changing, OPA-MCE must be notified so that OPA-MCE's records can be updated and the new Administrator trained.**

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

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Records Storage Address (If different than above): \_\_\_\_\_

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#### C. MCE Program Developer/Presenter

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

Phone: \_\_\_\_\_

**D. Provider Type (Check One)**

- Business
- Hospital
- Government Agency
- Health Facility
- Group Practice
- Professional Association
- University/Professional School
- Educational Organization
- Other \_\_\_\_\_

**E. List any state or national accreditations or any other CE provider approval or recognition that you hold (i.e., APA, OSPA, NASP, etc.)**

**CURRICULUM CONTENT**

**F. How do you assure that course material contributes to the enhanced knowledge about psychology and is relevant to psychological practice? (Beyond doctoral education)**

**F-1 How many CE hours will be offered for this course? \_\_\_\_\_**  
**CE equals face-to-face classroom hours. Subtract lunches and breaks.**

**COURSES IN ETHICS/CULTURAL COMPETENCY:**

**G. Will your course focus on ethics/cultural competency?  Yes  No. If yes: Describe the ethical issues to be addressed. What is your rationale for selecting this focus? What are your qualifications for offering this training?**

**PROGRAM DEVELOPMENT**

**H. What are the qualifications of the person responsible for organizing your CE program? Please enclose a vita or any other information that you think would be helpful.**

**I. If the person responsible for the program is not a psychologist, describe the contribution any psychologist makes to your educational program selection and development.**

#### **GOALS AND OBJECTIVES**

**J. What are the goals and objectives of your Continuing Education program?**

**K. How do you maintain a balance and objectivity in your program so that presentations do not predominantly reflect the commercial view of the presenter, the provider organization, and/or anyone providing financial assistance to the organization or presenter?**

#### **INSTRUCTIONAL STAFF AND METHODS**

**L. What criteria do you use in selecting your instructors?**

**M. How do you encourage the use of innovative and interesting teaching methods?**

## **DISTANCE LEARNING**

**N. Is your course offered for home study/distance learning?  Yes  No If, yes: Describe the type/format of distance learning and your rationale for selecting this format (eg. CD Rom, Internet, Home study, webinar). Describe the procedures you use to identify participants. What techniques do you use to protect the security and confidentiality of course material? How do you verify the instructional hours of the course? What are the requirements for course completion to award credit? If you will use a test as the basis of awarding credit, describe your rationale for the length of the test, the content and the pass threshold.**

## **GENERAL ORGANIZATION**

**O. How is your CE Program organized, administered, and funded?**

## **GENERAL MONITORING**

**P. Do you have an annual review in place to assure compliance with current regulations and maintain awareness of any revisions in MCE polices and procedures? If not, how do you intend to implement changes in policies and procedures?**

**Q. How do you monitor and evaluate an instructor's experience, knowledge level and teaching ability?**

**R. Please describe any complaints or major issues that may have been raised by participants of any previous courses that your organization has offered and how you resolved the issue.**

**S. How is the evaluation feedback incorporated in your curriculum development process? Please enclose an example of a course evaluation that you use in one of your programs.**

#### **RECORD KEEPING**

**T. Will the records be stored on-site or off-site for the state required 5 YEARS?**

**U. If non-current records are stored off-site, how will you respond to psychologists requesting records for verification from previous years?**

#### **ETHICAL COMPLAINTS**

**V. How do you investigate and handle complaints of an ethical or quality control nature?**

**W. How does your organization create a supportive environment regardless of an individual's sexual orientation, gender, age, physical ability, race/culture or religious background?**

**X. How does your curriculum address the issues of cultural diversity?**

## EQUAL ACCESS

**Y. How do you determine that the facilities you use are accessible according to the Americans with Disabilities Act?**

**Z. Does your advertising include a statement on how to request reasonable accommodations for disabilities? How do you plan to provide reasonable accommodations?**

- **Enclose curriculum vitae of person responsible for the CE program and a course evaluation sample with this application.**

## AUTHORIZATION

I certify, on behalf (Provider Organization) \_\_\_\_\_ that the preceding statements are true and I understand that any false statements may result in denial or revocation of approval. I have also read and understand the OPA-MCE Approved Providers Policies and Procedures Manual. Our organization agrees to comply with all OPA-MCE regulations and policies. In addition, our organization agrees to maintain the highest ethical standards as stated in the APA Ethical Principles of Psychologists and Code of Conduct. Finally our organization agrees to fulfill the spirit of all standards relating to equal opportunity and equal access.

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Program Developer Signature

Date

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Program Administrator Signature

Date

## PAYMENT

The OPA-MCE One-Course Provider fee is \$100 which includes a \$25 non-refundable application fee. This fee must accompany this application. Should your application be denied, \$75 will be refunded. OPA-MCE will retain the \$25 application fee.

The \$100 fee allows you/your organization to offer one course per year in the period beginning September 1, 2016 and ending August 31, 2018.

## PAYMENT TYPE

**Amount Due: \$100**

- Check Enclosed (Payable to OPA-MCE) # \_\_\_\_\_  
 Please charge:      VISA    MasterCard

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit Security Code from back of card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_