



## OPA-MCE 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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### A. OPA-MCE 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 you do assure that course material contributes to the enhanced knowledge about psychology and is relevant to psychological practice (Beyond doctoral education)**

**COURSES IN ETHICS/CULTURAL COMPETENCY:**

**G. Will your course focus on ethics/cultural competency/professional conduct?  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, please describe the contributions any psychologist makes with your educational program selection and development.**



4. **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. Attach a sample of each type of instrument used to assess participant learning.**
5. **How do you assess participant satisfaction? Attach a sample copy of each type of instrument used to assess participant satisfaction, i.e. evaluation forms.**
6. **Provide a sample of your promotional material that communicates any special equipment needs to potential participants.**
7. **Provide a representative sampling of vitae of individuals responsible for preparing the examination materials**
8. **Attach a sample copy of a distance learning course syllabus.**

#### **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 policies 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 program.**

## **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?**

## **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

An OPA-MCE Provider application fee in the amount of \$700 is due from non-profit organizations and \$900 from for-profit organizations, made payable to OPA-MCE. For the period of September 1, 2016-August 31, 2018, additional fees will be due at the end of the biennium if more than 20 courses are offered. Your organization may either pay the additional fees in advance or the OPA-MCE Office will bill you for the additional fees based on the number of courses you offer.

Please send payment with the application. If your organization is not approved, all of the fee will be returned less \$100 a application fee. **For those organizations who pay the OPA-MCE Provider fee in full, the OPA-MCE Program will offer a 5% discount on the application fee, making the total for the two-year contract period \$665 for non-profit organizations and \$855 for for-profit organizations. For those organizations that wish to pay in installments, they may make two equal payments of \$350 (non-profit organization) or \$450 (for-profit organization) with the application. The first installment is due with the application and the second installment is due by September 1, 2017.**

### OPA-MCE Additional Fee Schedule

For the period of September 1, 2016-August 31, 2018, additional fees will be due if more than 20 courses are offered. Your organization may either pay the additional fees in advance or the OPA-MCE Office will bill you for the additional fees based on the number of courses you offer. These additional fees are above and beyond the \$700/\$900 registration fee, which allows a maximum of 20 courses to be offered. Invoices will be sent for these additional fees if necessary after the end of the biennium.

| Additional Fee Schedule | Additional Fee |
|-------------------------|----------------|
| 21-40 Courses Offered   | \$200          |
| 41-60 Courses Offered   | \$400          |
| 61-80 Courses Offered   | \$600          |
| 81-100 Courses Offered  | \$800          |
| 101-120 Courses Offered | \$1,000        |
| 121-140 Courses Offered | \$1,200        |
| 141-160 Courses Offered | \$1,400        |
| 161-180 Courses Offered | \$1,600        |
| 181-200 Courses Offered | \$1,800        |
| 201+ Courses Offered    | \$2,000        |

### PAYMENT TYPE

Amount Enclosed: \_\_\_\_\_  Check Enclosed (Payable to OPA-MCE) # \_\_\_\_\_  
 Charge: VISA MasterCard

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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