



# OPA-MCE Distance Learning Notification Form

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

Photocopy this form as necessary.

## A. Provider Organization

2016-2018 OPA-MCE Approved Provider #: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

OPA-MCE Program Administrator: \_\_\_\_\_

## B. Course Information

Course Title: \_\_\_\_\_

Course ID #: \_\_\_\_\_ (To be provided by OPA-MCE)

**THE ABOVE COURSE QUALIFIES AS A COURSE IN ETHICS/CULTURAL COMPETENCY**

YES  NO

Credit Hours (contact instruction hours): \_\_\_\_\_

Course Date: 9-1-2016 (all distance learning courses are dated on the first day of the biennium)

## C. Primary Instructor Information

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

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

City, State, Zip \_\_\_\_\_

## D. Co-Sponsorship Information

*(Complete the following information only if course is co-sponsored with another organization)*

Name of Co-Sponsoring Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**E. Attach all psychologists who have taken this course and send them in each quarter.**

## F. Authorization

I certify, on behalf of (Provider Organization), \_\_\_\_\_ that the preceding statements are true. I understand that any false statements may result in the revocation of the provider approval. I understand that I am responsible for maintaining all standards outlined in the Provider's Agreement and the Polices and Procedures Manual. I also understand that this course may be subject to an announced, random administrative audit.

Program Administrator

Date

07/06/16