OPA-MCE Provider Renewal 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

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:_____

Website:_____

B. Program Administrator - This person serves as the OPA-MCE primary contact and will be the ONLY person calling, mailing in forms, faxing or contacting OPA-MCE with regards to Attendance Sheets, *MCE Calendar, course advertising, mailing lists, etc. In the event of a change in the Program Administrator, OPA-MCE must be notified so the OPA-MCE records can be updated and the new Administrator trained.*

Name: _____ Title: _____

E-mail: _____

Phone: _____ Fax: _____

Primary Records Storage Address (If different than above): _____

_____

C. MCE Program Developer/Presenter

Name: _____ Title: _____

Phone: _____

D. Provider Type (Check One)

☐ Business
☐ Hospital
☐ County/State 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.)

PROGRAM DESIGN

F. Have there been any changes in your administrative structure? If yes, please describe. Please attach vita of the Program Administrator and/or Developer.

G. Please describe any complaints or major issues that may have been raised by participants and how you resolved the issue. Please attach a sample course evaluation form.

H. Were you charged any additional late fees for reporting course information and attendance to the OPA-MCE Office? If yes, what have you done to rectify the problem?

COURSES IN ETHICS/CULTURAL COMPETENCY/PROFESSIONAL CONDUCT:

   I.   **Will you offer courses that focus on ethics/cultural competency/professional conduct?**
   II. ☐ **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?

DISTANCE LEARNING

J. Will you offer courses for home study/distance learning? ☐ **Yes** ☐ **No**
If, no, skip to the next section. If yes, you must complete questions 1 through 9.

1. **Describe the type/format of distance learning and your rationale for selecting this format (check all that apply).**

      _____**Webinar**   _____**Internet**
      _____**Publication (book, article)**   _____**Other (Specify)** _____

2. **Describe the procedures you use to verify the person being awarded the CE, is the person that took the course. Ask them to verify this with a signature. What techniques do you use to protect the security and confidentiality of course material?**

3. **How do you verify the instructional hours of the course?**

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 or each type of instrument used to assess participant satisfaction.**

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.**

9. **Attach a copy of each distance learning course you plan to use.**

AUTHORIZATION

I certify, on behalf of (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 Provider Guidelines and Policies. 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.

_____
Program Developer Signature   Date

_____
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 if more than 20 courses are offered, based on the fee schedule below**. Your organization may either pay the additional fees in advance or the OPA-MCE Office will invoice you at the end of the biennium for additional fees based on the number of courses you offer.

For those organizations who pay the application 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) during the contract period. The first installment is due with the application and the second installment is due by September 1, 2017.

These additional fees are above and beyond the $700/$900 registration fee. Again, the $700/$900 registration allows providers to offer a maximum of 20 courses with no additional fees.

OPA-MCE 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

Amount Enclosed $_____

☐ Check #:_____ (Payable to OPA-MCE)
☐ Visa/Mastercard

Account Number: _____

Expiration Date: _____ 3 digit Security Code from back of card: _____

Billing Zip Code: _____ Name on card: _____

Signature: _____