

## **APPLICATION FOR O.P.S. CONTINUING EDUCATION CREDIT**

APPLICATION MUST BE RECEIVED 4 WEEKS BEFORE COURSE OFFERING. CEC APPROVAL IS NOT GIVEN AFTER COURSE PRESENTATION.

SPONSORING ORGANIZATION NAME: ADDRESS:	CONTACT PERSON NAME: ADDRESS:
Please publish this offering (OPS website)  Yes  No	 Daytime Phone: () E-mail:

COURSE DATE (S): \_\_\_\_\_ COURSE TITLE:\_\_\_\_\_ COURSE LOCATION:

COURSE DATE (S): \_\_\_\_\_\_ TOTAL C.E.C. (S) REQUESTED: \_\_\_\_\_

Please include a separate brief description of the following course information:

- 1. TARGET GROUP
- 2. COURSE LENGTH
- 3. COURSE DESCRIPTION
- 4. COURSE OBJECTIVES
- 5. TEACHING METHODS
- 6. FACULTY QUALIFICATIONS
- 7. COURSE BROCHURE
- 8. COURSE EVALUATION FORM
- 9. COURSE ATTENDANCE FORM
- **10. FINANCIAL INTEREST STATEMENT**

The course director must maintain a list of attendees, course evaluations and credits earned for three years after course completion.

The applicant will receive written determination of the course(s) Continuing Education Hours (C.E.C.) awarded by the Board of Certification, Education Section.

A \$30.00 application fee must accompany all applications. Pay at the OPS Webstore or checks are to be made out to the OPS/Board of Certification and mailed to:

CEC Section Chair c/o Beth Ann Benetz, CRA, FOPS UH Case Medical Center 11110 Euclid Ave, WRN 644 Cleveland, OH 44106 <u>CEC@opsweb.org</u> (email)