

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS**

**\*\* Please fill out all fields \*\***

Sponsor Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Program Title \_\_\_\_\_

**\*Note: Ethics programs must contain information pertinent to Georgia Laws**

Dates \_\_\_\_\_ Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Level (by discipline):       Basic               Intermediate               Advanced

Faculty or Speaker(s) Name(s), Title(s) \_\_\_\_\_

CEU's Requested \_\_\_\_\_ Anticipated Attendance \_\_\_\_\_ Tuition/Fees \_\_\_\_\_

Method of Payment       Check               Credit Card               Add \$25.00 fee for course listing on GOTA Website

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Sec. Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit:**

- One (1) complete copy of the entire application, including this form
- Program brochure (or equivalent) which includes:
  - Agenda with date(s), topics, and specific times
  - Total number of Contact Hours requested, and specifying:
    - Direct patient care
    - General OT related education
  - Course description
  - Course objectives/ measurable behavior based outcomes
  - Speaker's bio detailing qualification to instruct
  - Level and audience (i.e.: Intermediate for OT's / Advanced for OTA's)
- Copy of pre-test and post-test, or other verification of learning
- Method for monitoring attendance (i.e.: sign-in sheet, registrar documents, early departures etc.)
- A copy of the certificate of completion
- Copy of the program evaluation to be completed by the participants
- Application fee.....**\$200.00**. Check or Money Order made payable to **Georgia Occupational Therapy Association**
- **Add \$25.00 to the Application fee to have this course posted on the GOTA Website Events Calendar**

**For approval, all applications must be complete and sent, along with payment, at least 6 weeks before the course to:**

**info@gaota.com**

Checks and money orders can be mailed to

Georgia Occupational Therapy Association

P.O. Box 1495 Gainesville, GA 30503