



Louisiana Occupational Therapy Association

P O Box 14806, Baton Rouge, LA 70898

Phone: 225-291-2806 www.LOTA.org

Continuing Education Request for Approval

This application is based on mandatory continuing education requirements for licensed occupational therapists and occupational therapy assistants as specified by the rules of the Louisiana State Board of Medical Examiners. The following documents must be included with the application. Failure to include documentation will result in the application being delayed or rejected:

- Course Objectives
- Presenters resume (Limited to 2 pages)
- Program scheduling, including all breaks
- Sample participant evaluation
- Sample certificate of completion
- Brochure, if available. Other supporting documentation may be included.

Sponsoring Organization: _____

Contact Person: _____

Mailing Address: _____

Email: _____ Phone: _____

Course Title: _____

Type of Course: On-Site Webinar College/University

No. of CE hours requested: _____

Course Instructor(s): _____

Date(s)/Time to be held: _____

Location(s): _____

Specifically, how will monitoring of course participation and completion be handled? _____

Evaluation Procedures: _____

Has this program been previously approved: Yes No

Has Program been Pre-Approved by any Professional Organizations: _____

Required payment by check or money order payable to: Louisiana Occupational Therapy Association

Review Charge: Individual Course under 8 hours: \$75; Individual Course 8 hours or over: \$100; Conference/workshop (allowing up to 4 individual courses): \$200 with an additional \$35 for approval of each individual course over 4