

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

P.O. Box 1360
Frankfort, KY 40602
(502) 564-3296
<http://bot.ky.gov>

**APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL
(Course Providers)**

Information must be submitted to the board at least 90 days prior to the presentation of the course.

Contact Person: _____ **Contact Phone:** _____

Address: _____
Street City State Zip

Email Address: _____

Sponsoring Agency: _____

Program Title: _____

Date(s) of Program: _____ **Number of Hours Applying for:** _____

Target Audience *(Please check all that applies)*

- Occupational Therapist
- Occupational Therapy Assistant

Area of Content:

ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION:

(Please be advised, applications received without the requested information will be returned.)

- ✓ *A thorough course description*
- ✓ *A statement of the projected learning outcomes*
- ✓ *A statement of the target audience*
- ✓ *The content focus of the course*
- ✓ *A detailed agenda for the activity*
- ✓ *A statement of the number of contact hours requested;*
- ✓ *A listing of the presenters and their qualifications; and*
- ✓ *A sample of the certificate of completion awarded to successful attendees.*

BOARD RESPONSE

- Approved as requested for _____ hours.
- Partially approved for _____ hours.
- Need additional information for review: _____

Denied Comments: _____

Date Reviewed: _____

Board Member Initials: _____