



Continuing Education Activity Application Form

Name of instructor or organization:	
Mailing address:	
Telephone:	
Fax:	
Email:	
VOTA member status:	<input type="checkbox"/> OTR <input type="checkbox"/> COTA <input type="checkbox"/> OT Aide <input type="checkbox"/> Associate member <input type="checkbox"/> Not a member of VOTA
Activity title:	
Location(s) of activity: (list all if more than one)	
Name of sponsor(s):	
Contact person:	
Mailing address:	
Telephone:	
Fax:	
Email:	
Website:	
Type of activity:	<input type="checkbox"/> Conference <input type="checkbox"/> Workshop/lecture <input type="checkbox"/> On-line course <input type="checkbox"/> College/university course <input type="checkbox"/> Self-study <input type="checkbox"/> Other _____
Date(s) & time(s) of activity:	
Number of possible CEUs/contact hours:	

Date application received: _____ Received by: _____



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Name of presenter(s):	
Presenter(s) qualifications:	(attach biosketch - should match activity content and teaching methods)
Level of presentation/ Target audience:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Learning objectives: (must be measurable/ observable)	
Instructional methods used:	<input type="checkbox"/> Lecture <input type="checkbox"/> Lab <input type="checkbox"/> Group discussion <input type="checkbox"/> Live or recorded demonstration <input type="checkbox"/> Case study <input type="checkbox"/> Other _____
Resouces/reference materials/instructional aids:	
Assessment of learning objectives: (how will presenter determine that learning objectives have been met)	<input type="checkbox"/> Written test <input type="checkbox"/> Observation of skills <input type="checkbox"/> Oral questions <input type="checkbox"/> Other _____
Participant's evaluation of activity: (measurement of quality/worth of activity and presenter; criteria should be clear)	
Is there any commercial interest via promotional materials, products, services connected with activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____ _____ _____



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Fees due at this time: (fees must accompany application or it cannot be processed)	<input type="checkbox"/> None (VOTA member) <input type="checkbox"/> \$65 30+ days in advance for individuals who are non-VOTA members (includes membership for the remainder of the membership year through June 30) <input type="checkbox"/> \$200 60+ days in advance for organizations/CE providers <input type="checkbox"/> \$400 30-60 days in advance for organizations/CE providers
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Please make checks payable to VOTA or include credit card information below.

Visa MasterCard American Express

Name on card _____

Account # _____

Expiration Date ____ / ____ Security Code _____

Signature _____

On my honor, I certify that the information provided in this application is true and correct.

Signature: _____

Printed name: _____

Title: _____

Date: _____

In order to process an application, the following documentation should be attached:

- Outline of program content including course objectives
- Program schedule including meals and breaks
- Annotated bibliography to support course content
- Presenter(s) biosketch outlining qualifications
- Sample course evaluation form

Failure to provide these items will result in the application being incomplete and the approval process will thus be delayed or application rejected. Timeline and application fees are assessed from the date that the fully completed application is received.

Please note that CE activities approved by VOTA will most likely meet regulations set forth by the OT Advisory Board to the Board of Medicine and/or NBCOT. However VOTA's approval will not protect you in the case of a hearing should you become negligent in meeting CE requirements for either aforementioned party.

Please mail your application, materials, fees, and all attachments to:

Virginia Occupational Therapy Association
ATTN: Continuing Education Committee
5101 Monument Avenue
Richmond, VA 23230