

STATE OCCUPATIONAL THERAPY LICENSURE BOARD
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building 4, Boise ID 83702 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: oct@ibol.idaho.gov

EDUCATION APPROVAL APPLICATION

INITIAL COURSE APPROVAL COURSE RENEWAL

This is a "request for approval" application for continuing education offerings. It must be completed in its entirety. If additional space is needed, add separate pages and note the corresponding item number on your response. Please submit this completed form and supporting documents to the address noted above. The Board may approve only those courses which meet the requirements of Idaho Law and/or Rule. Please review the requirements under the Board's website at <https://dopl.idaho.gov> before submitting your request.

Course, Seminar, or Conference Title: _____

Relevant Profession(s): _____

1. Sponsoring Organization or Institution: _____

2. Applicant Contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

3. Date(s) and Locations of offerings:

From	To	Locations:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. What best identifies the educational setting?

Classroom Conference/Seminar Online Lecture Workshop Homestudy

5. List three (3) course objectives relative to the field:

6. Exact hours per day the course is scheduled to run (attach a timed outline): _____

7. Total continuing education units requested: _____

8. List name(s) of instructor(s) (attach a resume for each instructor outlining their qualifications, education, experience, and license number)

9. Provide the name of attendance officer, and the method of certifying/assuring attendance, and who maintains original attendance records for verification? (Attach a copy of the attendance certificate that will be provided to each attendee. The licensee is required to maintain proof of attendance.)

10. Is an examination or certification part of the course? YES NO

If YES, attach a description of the process.

11. Do you provide a course evaluation form provided to attendees? YES NO

If YES, attach a copy of the form.

12. Has this course been approved for continuing education credit by any local, state, or national entity?

YES NO

If YES, enter name of approving entity and attach a copy of the approval document:

13. Attach a course agenda. Please note, additional information may be requested by the Board following its initial review.

14. Are any promotional publications or advertisements being used? YES NO

If YES, please attach one copy of each (final drafts are acceptable).

15. Does this course either promote a product or apparatus or offer a product or apparatus to those attending?

YES NO

If YES, this must be explained on a separate attachment to this application and disclosed in any advertising.

16. Will those attending be given a product as a gift or at a reduced price?

YES NO

If YES, please explain on a separate attachment to this application.

Upon completion, this application must be **printed in hard copy, signed, and notarized**. Submit the completed application together with all of the requested supporting documentation to the Division of Occupational and Professional Licenses at the address noted.

EDUCATION APPROVAL APPLICATION AFFIDAVIT

I hereby certify that all information listed on this application and on the attached material is true and correct; that the proposed training is described accurately and completely; and that nothing has been omitted. I understand that the Board may request additional information and may delay or deny this application should requested information not be received.

Print name: _____ Title: _____

Signature of Applicant