

Georgia Occupational Therapy Association

P.O. Box 495 ♦ Gainesville, GA 30503

Email: info@gaota.com ♦ Website: www.gaota.com

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS

** Please fill out all fields **

Sponsor Name					
Contact Person					
Phone ()					
Address			 		
Program Title					
*Note: Ethics programs m					
Dates	Location		City	State	
Level (by discipline):	☐ Basic	\Box Intermediate		\square Advanced	
Faculty or Speaker(s) N	ame(s), Title(s)				
CEU's Requested	Anticipated Attendance		Tuition/Fees		
Method of Payment	☐ Check	□Credit Card	□Add \$	25.00 fee for course listing	g 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 <u>6 weeks before the course</u> to:

info@gaota.com

Checks and money orders can be mailed to Georgia Occupational Therapy Association P.O. Box 495 Gainesville, GA 30503