**OHIO COUNSELING ASSOCIATION**

**APPROVAL FORM AND CHECKLIST FOR WORKSHOP CEUS**

The Ohio Counseling Association (OCA) is an approved provider of continuing education credits by the Ohio Counselor, Social Worker, and Marriage and Family Therapy Board (CSWMFTB). CE’s may be approved for counselors, social workers and marriage and family therapists.

OCA Division and Chapter presidents may request to utilize the provider number by following the OCA bylaw Article IX, Section 1j. This by law requires all programs to be reviewed by the OCA Professional Development Chair and Committee.

**Requests for approval using this “OCA Approval Form and Checklist for Workshop CEU’s” needs to be submitted at least thirty (30) working days (sixty/60 working days preferred) from the workshop date(s).** A response letter will be returned within ten (10) working days from the date of the request submission with either an approval for use of OCA’s provider status, a conditional approval with stipulations and requirements to satisfy, or denial from the OCA Professional Development Committee Chair. *If the form is incomplete or supporting documents are not attached the proposal will be returned for completion***. *If the form is submitted less than thirty (30) working days prior to the workshop date(s), it will not be reviewed and CE hours will not be approved.***

While you may advertise for your event at any time, you are not permitted to advertise “CE’s pending”. Advertising may state that “CE’s have been applied for”. You may list CE’s as approved on your advertising after you receive official approval.

The Chair of the Professional Development Committee is available to assist through consultation. The decisions of the Professional Development Committee are final. Upon approval, the individual who submitted the request will be sent the OCA Provider Number to include on their CEU certificates.

Please forward all requests for approval to Emily Ribnik, LPCC-S, OCA Professional Development Chair, at [eribnik@kent.edu](mailto:eribnik@kent.edu) .

**Additional required documents to submit with this application:**

CV of your presenter(s) – should include licensure and license number

Agenda – should include any breaks

Advertising (if ready)

Sign-in sheet, evaluation and CE certificate if NOT using the provided samples included in this application form – all must include the title of the event, name of presenter, name of sponsoring organization, and date

5 question post-test (home-studies only)

**Workshop Information Sheet**

**Please answer the following questions fully and completely**

1. Contact information of person requesting CEs (Name, email & phone)
2. Affiliation with the Ohio Counseling Association (Chapter/Division/Committee and role)
3. Title, date, time, and location of presentation
   1. For live webinars, please include 1) the format or program you will be using, 2) how attendance will be taken and 3) how attendees will access and complete and evaluation of the webinar
   2. If this is a home study, the dates it will be available online and attach the post-test (5 questions per hour of CE requested)
4. Name of presenter(s) and their licensure/credentials relevant to the presentation topic – include license type, degrees and degree concentration(s)
5. **Number** of CE hours requested in each category:

\_\_\_\_\_\_\_ General

\_\_\_\_\_\_\_ Supervision

\_\_\_\_\_\_\_ Ethics

1. Description of the program and how it will directly aid counselors, social workers and/or marriage and family therapists in their work with clients and/or in their supervision practice with their supervisees
2. 2-3 goals/learning objectives of this workshop
3. Please list 2-3 of the primary resources. Include research relevant to the topic. If using a code (ie. ACA Code of Ethics), list the specific section addressed in this presentation.
4. Will you be using the provided sign-in sheet, evaluation and CE certificate templates provided?

☐ Yes ☐ No (If No, attach your forms to your submission email)

1. **Content Areas - Check all that apply:**

Professional Counseling Orientation

Ethical Practice

Social & Cultural Diversity

Human Growth & Development

Supervision

Career Development

Counseling & Helping Relationships

Group Counseling & Groupwork

Lifestyle & Career

Development

Assessment & Testing

Research & Program Assessment

**Post Program Responsibilities**

After your event, you must send (via email or mail) the Chair of the Professional Development Committee:

* A copy of all sign-in/sign-out attendance sheet(s) – these must now include attendee license numbers
* Copy of all feedback forms/ program evaluations collected at the conclusion of your event

**Program Evaluation**

**Title of Workshop Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please rate the workshop in the following areas based on the scale below**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Strongly Agree** | **Somewhat Agree** | **Unsure/ Neutral** | **Somewhat Disagree** | **Strongly Disagree** |
| The objectives of the workshop were clear. |  |  |  |  |  |
| The organization of the workshop was effective. |  |  |  |  |  |
| The presenter seemed knowledgeable in the content area. |  |  |  |  |  |
| The time frame of the workshop was appropriate for the content covered. |  |  |  |  |  |
| I expect to apply what I learned from this workshop. |  |  |  |  |  |
| Overall, I consider this workshop worth my time and effort. |  |  |  |  |  |
| I would recommend this workshop to a colleague. |  |  |  |  |  |

**Specific areas that were particularly helpful or interesting?**

**Areas that you wanted more information?**

**Ideas or recommendation for future workshops?**

Workshop Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presenter:

Administrator: Please note here when breaks and meals were taken

Breaks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign in below:**

**Name Credentials License # Time In Time Out**

**John Q. Counselor LPCC-S E.0012345 7:45am 4:30pm**

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| --- | --- | --- | --- | --- |
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**Continuing Professional Education**

***Certificate of Attendance***

*awarded to*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Participant’s Name and License Number

*in recognition of attendance at the*

CONFERNCE NAME

PRESENTER

PRESENTED BY

DATE

***The Ohio Counseling Association is an approved provider for the Ohio CSWMFTB.***

***This program has been approved for***

***# CE Clock Hours for continuing education***

***for Counselors, Social Workers and Marriage and Family Therapist approval # (Counselors/Social Workers) and approval # (Marriage and Family Therapists)***

 **Signature of Workshop Sponsor or Designee**