

MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE

Spring Grove Hospital Center, 55 Wade Avenue, Baltimore, MD 21228

(410) 402-8560 Fax (410) 402-8561 www.dhmh.maryland.gov/botp

CONTINUING COMPETENCY REQUIREMENT: CONTACT HOUR APPROVAL REQUEST

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

Course/Activity Title: \_\_\_\_\_

Name of SPONSORING organization: \_\_\_\_\_

Submitted By/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I. INSTRUCTIONS

Please submit approval requests to the Board at least 60 days in advance of the course/activity for pre-approval. Instructional hours of less than 1/4 an hour will not be awarded. No credits will be given for registration, introductions, orientation time, welcoming speeches, lunch, breaks, etc. Courses sponsored by the Maryland Occupational Therapy Association or American Occupational Therapy Association are granted pre-approval and need not be submitted.

II. PROCEDURES FOR BOARD APPROVAL OF: (1) Workshops, Seminars, Conferences

SUBMISSION CHECKLIST

- 1. [ ] Course description (include goals & objectives)
2. [ ] Brief biography/resume of presenter
3. [ ] Hour by hour agenda
4. [ ] Dates and location of course
5. [ ] \$30 check made payable to MBOT (Fee ONLY applicable to Approval Requests from Course Sponsors.)

A copy of the program brochure with appropriate information can be substituted for this.

The provider of this continuing education course shall furnish a certification of completion to all participants. The certification shall include: Name of provider, name of program, name of participant, dates of course, and number of approved contact hours

The Board may require verification of presenter's licensure status. Approval by this Board entitles the sponsor to publish a statement such as, "This continuing education program has been approved by the Maryland Board of O.T. Practice for \_\_\_\_\_ contact hours."

III. PROCEDURES FOR BOARD APPROVAL OF:

Licensee Activity Format:

- [ ] (2) University/College/Adult Education
[ ] (3) Fellowship Training
[ ] (4) Specialty Certification
[ ] (5) Physical Agent Modalities (PAMS)
[ ] (6) Auditing
[ ] (7) Internet Learning
[ ] (8) Informal Self-Study
[ ] (9) In-Service Training
[ ] (10) Mentoring
[ ] (11) Presentations
[ ] (12) Develop Instructional Materials
[ ] (13) Poster Presentations
[ ] (14) Academic Guest Lecturer
[ ] (15) Fieldwork Supervision
[ ] (16) Text Book/Article Publication
[ ] (17) Research Projects
[ ] (18) Evaluator
[ ] (19) Reviewer Editor
[ ] (20) Professional Study Group
[ ] (21) Jurisprudence Exam
[ ] (22) Volunteer Services
[ ] (23) Formal Self-Study

Please list the documentation submitted for Board review. Refer to (COMAR) 10.46.04.06 for guidance on acceptable documentation.

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Proof of completion must be furnished in order for credit to be applied. Please indicate the form this documentation is anticipated to take:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_