

TOTA District CE Application

Instructions: The following information is required to complete an application for approval through TOTA's District Continuing Education. Course applications must be submitted **at least 4 weeks** prior to the event. Ensure this form is fully completed and includes all required attachments and return it to the individual responsible for processing the application by the due date listed below.

- APPLICATION DUE DATE: _____
- HANDOUT DUE DATE: _____

1. Select the TOTA District where the course will be presented:

- Alamo South
- Capital Centex
- Great Plains West
- Gulf Coast East
- Rio Grande
- Trinity North

2. Select the type of course:

- Live Presentation, no recording allowed
- Live Presentation, recording allowed
- Recorded Webinar and Online Course
- Self-study

3. List the date and time of the live continuing education course:

- Date:
- Time:

4. List the location of the live continuing education course:

- Name of Hospital, Conference Center, etc.:
- Virtual Meeting Location(s):
 - **Zoom Meeting Link:**

5. Is this course a renewal request?

- No, this course has not been previously approved.
- Yes, this course has been previously approved. The course content, instructors, and schedule remain the exact same, and we are seeking renewal for the upcoming year.
 - **List the previously assigned TOTA approval number:**

6. Select one of the following course practice area categories:

- Academia
- Children and Youth
- Documentation, Billing, and Regulatory Matters
- Ethics
- Health and Wellness
- Mental Health and Behavioral Health
- Productive Aging
- Rehabilitation, Disability, and Participation
- Research
- Work and Industry

7. List the course title:

- [Title]:

8. List at least two (2) measurable learning objectives:

- Example: Describe at least 2 ways OTPs can facilitate psychosocial adjustment after SCI.
- Objective 1:
- Objective 2:

9. Provide a short abstract of the course:

- [Please limit your response to a maximum of 256 characters. Submissions exceeding this limit are subject to editing.]:

10. Describe the application or relevance of the course to the occupational therapy profession:

- [Relevance]:

11. Provide an outline of the course content:

- Example: (1) Psychosocial impact of SCI, (2) SCI rehabilitation phases, (3) facilitating psychosocial adjustment during each phase, (4) case study, (5) Q&A.
- [Outline]:

12. List the total contact hours requested (excluding all breaks):

- [# hours]:
- Attach a **PDF file** of the course schedule, including all scheduled breaks.

13. Provide the name and qualifications of the course instructor(s):

- Primary instructor name and title (e.g., Terry Therapist, OTR):
- Short Bio (Please limit your response to a maximum of 256 characters. Submissions exceeding this limit are subject to editing.):

- Attach a **PDF file** of the instructor’s CV or Resume
- Additional instructor name and title:
 - Short Bio (Please limit your response to a maximum of 256 characters. Submissions exceeding this limit are subject to editing.):
 - Attach a **PDF file** of the instructor’s CV or Resume
- Add additional instructors as needed. If there are more than three (3) instructors, please combine CV/Resumes into one (1) document.

14. List the instructional method(s) that will be used in the course:

- Examples: PowerPoint presentation, videos, case studies, client panel, live discussion
- [Instructional Methods]:

15. List at least two (2) reference citations supporting the course content:

- Note: References should be less than 10 years old, ideally less than 5 years old.
- Reference 1:
- Reference 2:

16. Indicate the level of the course content:

- Introductory: Information for practitioners with little or no knowledge of the subject matter. The information provides general introductory information.
- Intermediate: Information for practitioners with general knowledge of current practice trends and literature related to subject matter. The information increases understanding and competent application of the subject matter.
- Advanced: information for practitioners with comprehensive understanding of the subject matter based on current theories and standards of practice as well as current literature and research. The information involves recent advances, trends, and/or research applications.

17. Self-Study Courses ONLY:

- Attach a **PDF file** including a (1) task list, (2) expected time per task, (3) any additional supporting documents.

18. Attest to the acknowledgement statements below:

- **I understand and certify that the information provided in this application is TRUE and CORRECT and that if audited I will comply with any request for additional information. I further agree that if there are any changes in the administration (including speakers) of this course, I will promptly notify TOTA of those changes. I understand that failure to advise TOTA of any changes could adversely affect approval status.**

- Instructor Name and Title: _____
- Date: _____

CHECK-LIST after course has been TOTA approved:

- *District Chair* to add approved event to TOTA Calendar and create Zoom invite using TOTA account
- *District Education Chair* to submit request form to Social Media Chair regarding event
 - Request Form on TOTA Website:
(https://tota.memberclicks.net/index.php?option=com_mcform&view=ngforms&id=2232023#!/)
- *District Education Chair* to submit handout to Judi Joseph (judith.joseph@tota.org)