

# INSTRUCTION SHEET

## ILLINOIS OCCUPATIONAL THERAPY CONTINUING EDUCATION SPONSOR APPLICATION

### C.E. ACCREDITATION

In order for occupational therapists and occupational therapy assistants to obtain credit for attendance at continuing education (C.E.) programs/courses, the program/course must be provided by an approved sponsor. The sponsoring entity must:

1. Complete and submit an Illinois Occupational Therapy Continuing Education Sponsor Application.
2. Forward a fee of \$250 in the form of a check or money order made payable to the Department of Financial and Professional Regulation. (State agencies, state colleges and state universities in Illinois are exempt from paying this fee.)
3. Enclose a sample "Certificate of Attendance," which contains the following:
  - a) the name and address of the sponsor;
  - b) the name, address and license number of the participant;
  - c) a detailed statement of the subject matter;
  - d) the number of hours attended in each program;
  - e) the date and place of the program; and
  - f) the signature of the sponsor.
4. Submit a sample 3 hour CE program with course materials, presenter qualifications and course outline for review.
5. The name and address of the contact person responsible for all recordkeeping.
6. A list of all principals of the organization applying for sponsor license.

Sponsor means a person, firm or association, corporation, or other group approved by the Department.

Upon receipt of the sponsor application and all required documentation, it will be reviewed by the Illinois Board of Occupational Therapy. Subsequent to Board review, you will be advised of their recommendation.

### LICENSURE C.E. RENEWAL REQUIREMENTS

1. Beginning with the December 31, 2005, renewal and every renewal thereafter, each person who applies for renewal of a license as an occupational therapist or occupational therapy assistant shall complete 24 hours

of C.E. relevant to the practice of occupational therapy during the prerenewal period.

### C.E. COURSE CONTENT

All C.E. courses shall:

- A) Contribute to the advancement, extension and enhancement of professional clinical skills and scientific knowledge in the practice of occupational therapy;
- B) Provide experiences which contain scientific integrity, relevant subject matter and course materials; and
- C) Be developed and presented by persons with education and/or experience in the subject matter of the program.

### SPONSOR RESPONSIBILITY AND APPROVAL

1. The sponsor will be responsible for providing a certificate of attendance and will maintain attendance records for at least 5 years.
2. Upon request by the Department, a sponsor will submit evidence (e.g., certificate of attendance or course materials) as is necessary to establish compliance with the Rules. Evidence shall be required when the Department has reason to believe that there is not full compliance with the Rules and that the information is necessary to ensure compliance.
3. Each C.E. program shall provide a mechanism for evaluation of the program by the participants.
4. All programs given by approved sponsors shall be open to all licensed occupational therapist or occupational therapy assistant and not be limited to the members of a single organization or a group and shall specify the number of C.E. hours that may be applied toward Illinois C.E. requirements for licensure renewal.
5. The sponsor shall be responsible for assuring verified continued attendance at each program. No renewal applicant shall receive credit for time not actually spent attending the program.

### C.E. SPONSOR RENEWAL REQUIREMENTS

To maintain approval as a sponsor, each sponsor shall submit to the Department by December 31 of each odd-numbered year a renewal application, \$125 fee and a list of courses and programs offered in the prerenewal period which includes a description, location, date and time the course was offered.



## AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for C.E. credit will comply with the criteria in 68 Ill. Adm. Code, Section 1315.145 c) and all other criteria in 68 Ill. Adm. Code, Section 1315.145; and
2. That this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of completion as set forth in 68 Ill. Adm. Code, Section 1315.145 c) 7) a); and
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1315.145; and
4. That this sponsor will submit by December 31 of each odd-numbered year to the Department, a list of all courses and programs offered in the prerenewal period, which includes a description, location, date, and time the course was offered.
5. That each C.E. program shall provide a mechanism for evaluation of the program by the participants.
6. That all programs given by this sponsor shall be open to all licensed occupational therapy and not be limited to the members of a single organization or a group and shall specify the number of C.E. hours that may be applied toward Illinois C.E. requirements for licensure renewal.
7. That this sponsor is responsible for assuring verified continued attendance at each program. No renewal applicant shall receive credit for time not actually spent attending the program.
8. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation 68 Ill. Adm. Code, Section 1315.145 may result in disapproval of this sponsor by the Department; and
9. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

\_\_\_\_\_  
Signature of Person Responsible for Continuing Education Program

NOTARY

Subscribed and sworn before me \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Signature of Notary Public

### BOARD COMMENTS

Approved

Denied

Deferred

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF CE SPONSOR:

Profession: