



Indiana Occupational Therapy Association (IOTA) Approved Provider Program (APP)

Application for Approval

Must be submitted at least 30 days prior to the date of the course to be considered.

Application Contact Name:	
Company:	
Address:	
Email:	
Phone:	
If contact is an OT, provide State/license number:	
If application contact is not an OT Provide consulting OT's name, State/license number, contact info	

Name of Course:		
Application Type:	<input type="checkbox"/> Full Provider Status \$300 Payment <input type="radio"/> Check # _____ <input type="radio"/> Online	<input type="checkbox"/> Single Course Status \$75 Payment <input type="radio"/> Check # _____ <input type="radio"/> Online
Course Date(s): Course will be listed on the IOTA website as approved provider through the date of course. If course will be offered multiple dates please list all		
Course Location(s):		

Please include all items below in your completed application. Documents can be submitted electronically at app@inota.com

Promotional Materials must include:

<input type="checkbox"/> Instructor's Biography	<input type="checkbox"/> Instructor's Financial Conflict of Interest	<input type="checkbox"/> Cancellation Policy	<input type="checkbox"/> Intended Audience
<input type="checkbox"/> Course Schedule with Breaks	<input type="checkbox"/> Learning Objectives	<input type="checkbox"/> Course Description/Abstract	<input type="checkbox"/> Contact Hours
<input type="checkbox"/> Content Focus/OT Domain or Process	<input type="checkbox"/> Registration Form or Link To Website	<input type="checkbox"/> Location	<input type="checkbox"/> Indicate Space for APP Statement
<input type="checkbox"/> Targeted Education Level <input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Advertised Via: <input type="checkbox"/> Brochure <input type="checkbox"/> Web <input type="checkbox"/> Other		

Course Materials must include:

<input type="checkbox"/> Course Satisfaction Survey	<input type="checkbox"/> Instructors Credentials	<input type="checkbox"/> Record of Attendance/Sign-In Sheet
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Instructor 1: Name _____

Instructor's information must include 2 of 4:

<input type="checkbox"/> Degree Level	<input type="checkbox"/> Experience Teaching Subject	<input type="checkbox"/> Training/Certifications or At Least 2 Years of Experience with Content
<input type="checkbox"/> No Disciplinary Action in Last 3 Years		

Instructor 2: Name _____

Instructor's information must include 2 of 4:

<input type="checkbox"/> Degree Level	<input type="checkbox"/> Experience Teaching Subject	<input type="checkbox"/> Training/Certifications or At Least 2 Years of Experience with Content
<input type="checkbox"/> No Disciplinary Action in Last 3 Years		

Record of Course Completion/Certificate must contain:

<input type="checkbox"/> Name of Attendee	<input type="checkbox"/> Course Title	<input type="checkbox"/> Date Of Course	<input type="checkbox"/> Number of Credit Hours
<input type="checkbox"/> Indicate Space For AP Name and Number	Provider Name and Address	<input type="checkbox"/> Verification Of Course Completed	

Please provide short summary responses:

How will the attendees meet the learning objectives and how will that be measured?

How will course credit be assigned, if participant does not attend the full course?

Explain any missing content from above.

- I agree to maintain record of application materials, promotional materials, course outlines/handouts, record of attendance, and satisfaction surveys for 3 years for auditing purposes.
- I agree to email a summary of the attendee satisfaction surveys to app@inota.com within 30 days of course date.
- I agree that the submitted application is true and accurate.

Signature

Date