LOT A Continuing Education Request for Pre-Approval

Providers who offer only an occasional course that is relevant to occupational therapy can apply for LOTA’s Approval by submitting an application with payment to the LOTA office. Courses may be submitted for approval either before or after the course date but must be submitted within the same calendar year. Each course must be resubmitted for approval if the same course is being repeated the next year.

Benefits of Single Course Approval to CE Providers

- Recognition throughout the profession that the approved course has met LOTA’s Approved Provider Program standards as a quality continuing education activity.
- Recognition by Louisiana State Board of Medical Examiners as a pre-approved course for licensure renewal.
- Free basic course listing on the LOTA website.

Review Charge: Individual Course under 8 hours: $75; Individual Course 8 hours or over: $100; Conference/workshop (allowing up to 4 individual courses): $200 with an additional $35 for approval of each individual course over four (4). All charges are non-refundable.

Complete the attached application form and send it with the items listed to:

Louisiana Occupational Therapy Association

P O Box 14806

Baton Rouge, LA 70898

Marketing/Advertising Opportunity

E-Blast to Therapists: LOTA will provide a single e-blast to a list of 850 therapists in Louisiana to advertise your approved course for a price of $125 each. The text and/or photo to advertise the event must be no larger than

E-Blast Advertisement Requirements:

- Pixels/96 pixels per inch
- Accepted ad formats include .jpg, .png & .gif
- No animated advertisement

To request the E-Blast Advertisement, complete the form attached for this purpose.
Continuing Education Request for Pre-Approval

This application is based on mandatory continuing education requirements for licensed occupational therapists and occupational therapy assistants as specified by the rules of the Louisiana State Board of Medical Examiners. The following documents must be included with the application. Failure to include documentation will result in the application being delayed or rejected:

- Course Objectives
- Sample Participant Evaluation
- Sample Certificate of Completion
- Presenters resume (Limit 2 pages)
- Program Schedule, including breaks
- Brochure, if available.

Sponsoring Organization: ____________________________________________________________
Contact Person: ____________________________________________________________________
Mailing Address: ___________________________________________________________________
Email: ____________________________________________________________________________
Phone: ____________________________________________________________________________

Amount Paid ____________
Check ○ Credit Card

Name on Credit Card __________________________________________________________________
Credit Card # _____________________ Exp. Date ___________ Sec Code ________________
Complete Address where Credit Card Bill is sent: ________________________________________
City __________________________ ST ___ Zipcode ____________ Phone: ______________________

Course Title: ______________________________________________________________________

Type of Course: ○ On-Site ○ Webinar ○ College/University

Course Instructor(s): __________________________________________________________________

Date(s)/Time to be held: __________________________________________________________________

Location(s): _______________________________________________________________________

Specifically, how will monitoring of course participation and completion be handled? _____________

Evaluation Procedures: __________________________________________________________________

Has this program been previously approved: ○ Yes ○ No

Has Program been Pre-Approved by any Professional Organizations: _________________________
E-Blast Advertising of Continuing Education Courses

Complete the following request for E-Blast Advertising through Louisiana Occupational Therapy Association.

Sponsoring Organization: ____________________________________________________________

Contact Person: __________________________________________________________________

Mailing Address: __________________________________________________________________

City State Zip: ___________________________________________________________________

Email: _____________________________ Phone: _____________________________

Amount Paid: ______________ ○ Check ○ Credit Card

Name on Credit Card ____________________________

Credit Card # __________________________ Exp. Date __________ Sec Code ______

Complete Address where Credit Card Bill is sent: ______________________________________

City ___________________ ST ____ Zipcode ____________ Phone: _______________________

Instructions: ______________________________________________________________________

________________________________________________________________________________

Signature: ________________________________________________________________________

Send file and form to: Louisiana Occupational Therapy Association, P O Box 14806, Baton Rouge, LA 70898; or email to Linda@rivermgt.com.

Questions?? Call 225-291-2806