



## WOTA CEU APPROVAL POLICY

1. WOTA Continuing Education Approval Committee members will review the proposed Continuing Education (CEU) opportunity. (At least two review it, and at least one member must be a curriculum expert)
2. Should the two WOTA committee members disagree, the application will be shared with the full committee for a decision.
3. The WOTA Continuing Education Approval Committee will draft a letter to the organization submitting the continuing education opportunity. The letter will either approve, deny or offer criteria for an approval.
4. Upon approval, WOTA will provide a CEU certificate to the providing organization, add the event to website promotions and add the event to the WOTA newsletter.
5. The organization needs to submit the proposed CEU opportunity at least 90 days in advance. To expedite approval, an additional fee of \$30 will be paid by the submitting organization. Courses submitted less than 15 days prior to the event will not be considered.
6. The organization needs to submit the instructors' names, credentials and biography, course description and objectives (minimum of 3), the contact hours of the course, location of the course, fees for the course, references to support the content (minimum of 3), course schedule and what the maximum participants for the course will be.
7. To be reviewed the organization must submit the non-refundable fee with the required documents in order to be considered.

### Non-refundable Fees for Application for Course Approval:

Half Day: \$50

Full Day: \$75

2+ Days: \$150

Expedited Fee: \$30

AOTA Self Paced Approved Providers: Already Approved

Checks can be made to: Wisconsin Occupational Therapy Association, 16 North Carroll Street, Suite 600, Madison, WI 53703.

A credit card may also be processed. Contact [wota@wota.net](mailto:wota@wota.net) or call (608) 819-2327 for an online invoice.



**Application for Approval**

*(Note- if your other attached documents include all the information requested below, you do not need to complete this form). Send application to wota@wota.net.*

Instructor Name(s): \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Instructor Credentials and Bio(s): \_\_\_\_\_

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

Course Description: \_\_\_\_\_

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

Course Objectives (Minimum of 3): \_\_\_\_\_

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

Contact Hours (*Wisconsin allows 1 CEU for every 50 minutes of instruction*): \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Fees: \_\_\_\_\_

Maximum # of Attendees: \_\_\_\_\_

***Please attach the schedule for the course, and a minimum of 3 references to support the course content.***