



MAOT APPROVED PROVIDER PROGRAM APPLICATION FORM

1. Provider's/Instructor's Name:

2. Credentials:

3. Organization's Name:

4. Mailing Address:

5. Phone Number:

6. E-mail:

7. Website (if any):

8. Name of the person signing
the Certificate of Attendance:

9. Course Title:

10. Mode of Delivery:

In-Person Course or Workshop

Teleconference or Live Webinar

Self Study / Self-Paced Recorded Webinar

Group Study (i.e., Journal Club/Formal study group) Hybrid

Model (Live / Self-Paced Recorded / Virtual Session)

Other

11. Course Date: MM/DD/YYYY

12. Duration:

From:

(For Self-Paced/
Recorded/Self-Study/
Multiple days course)

To:

13. Proposed Number of
Course Contact Hours:

1 Contact Hr = 1 Point; 60 minutes of learning activity excluding meal & breaks

14. Location(s) of the Course
(List City/State)/Virtual Session:

15. Has this course previously been approved or denied approval by any professional organization
(i.e., AOTA, NBCOT, other state OT associations, etc.)?

NO

Yes, Previously Approved

Yes, Previously Denied Approval

If Yes, please provide details:

16. **Course Topic Area(s):**
(Must relate to Occupational
Therapy Education, Practice,
and or Research)

17. Instructional level:

Beginner/Introductory level (geared toward practitioners with little or no knowledge of the subject matter. Focus is on providing general introductory information.)

Intermediate level (geared toward practitioners with a general working knowledge of current practice trends and literature related to the subject matter. Focus is on increasing knowledge and competent application of the subject matter.)

Advanced level (geared toward practitioners with a comprehensive understanding of the subject matter based on current theories and standards of practice as well as current literature and research. Focus is on recent advances and trends and/or research applications. It is expected that a high level of participation by attendees is encouraged during this type of course.)

18. Please check all these
required documents:

Provider/Instructor(s) resume(s) *

Course content/brochure (including three to five relevant and current citations/references (within five years) *

Course objectives *

Course Evaluation *

Certificate of Attendance (See Item# 7(n) & item# 11 of MAOT APP Policies, Guidelines, and procedures) *

Course agenda (schedule) with times, including meal and breaks *

Course material for participants (e.g., Handouts, worksheets, presentations) *

Signed Course Provider/s Agreement/Disclosures/Disclaimers/ Attestation Form *

Additional Documentation: (e.g., company policy for cancellation, refunds, grievances, reasonable accommodations, consent for recording, accessibility, record keeping by provider(s)) *

Other(s)

* Kindly send all the above document along with this Application form to info@maot.org
(With subject line: **APP- Name of Organization - Course Name**)

19. Method used to measure
participants' achievement of
objectives:
(e.g. pre-post test, post-test,
course evaluation, demonstration
of techniques, etc.)

20. Will the course be Audio/Video recorded with participants in it?

Yes
No

If Yes, Please provide relevant procedures for obtaining the participant(s) consent. Provider **MUST** allow participant(s) to opt-out.

21. CE Approval Fee (Non-Refundable)

| | |
|------------------|-------|
| 1 - 3.00 hrs | \$75 |
| 3.25 - 7.00 hrs | \$125 |
| 7.25 - 12.00 hrs | \$200 |
| 12.25 - 24 hrs | \$300 |
| 24.25 - 36 hrs | \$600 |

| | |
|-----------------|-------------|
| Mode of Payment | Credit Card |
| | Check |

(See the MAOT APP Guidelines & Procedures for fee details. [Click Here](#))

Billing Information: [Click here to pay MAOT Approved Provider Fee \(via Affinipay\)](#)

I/we reviewed and understood all of the information contained in, and submitted with my CE approval application and that all of this information is complete, true, and correct.

I certify that all of the information in my application and any document submitted with it were provided or authorized by me/us.

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, MAOT may delay or deny your application.

Applicant's Signature
(Write or Type in the box)

Date (MM/DD/YYYY)

FOR MAOT APPROVED PROVIDER PROGRAM COMMITTEE USE ONLY

Date Received: (MM/DD/YYYY)

Date Reviewed: (MM/DD/YYYY)

Reviewers Initials:

1.

2.

3.

Approved for (Contact Hours)

Approval Date:
MM/DD/YYYY

Approval Expires (12 months from initial approval date)

Not Approved, Reason

Conditional Approval,
Pending additional requirements from the provider

Decision emailed to the provider (MM/DD/YYYY)

Massachusetts Association for Occupational Therapy
P.O. Box 850543
Braintree, MA 02185

info@maot.org
<http://www.maot.org>