

**APPLICATION FOR APPROVAL OF
OPPCE CREDITS FOR TEACHING**

PLEASE PRINT OR TYPE

Applicant's Name _____

License No(s). _____ Phone Number _____

Address _____ City, State, Zip _____

Course Title: _____

Dates taught _____

Ohio Revised Code section [4779.24](#) states that the board shall grant continuing education units on the following basis:

- (B) For teaching as a faculty member a course in orthotics, prosthetics, or pedorthics that is part of the curriculum of an institution of higher education, one-half unit for each semester hour of the course, or an equivalent unit for each quarter or trimester hour of the course;
- (C) For teaching other than as a faculty member a course that is part of an institution of higher education's orthotics, prosthetics, or pedorthics curriculum, one unit for each hour teaching the course;
- (D) For teaching a continuing education course that is approved by the board under section 4779.23 of the Revised Code that is not part of an institution of higher education's orthotics, prosthetics, or pedorthics curriculum, three units for each hour teaching the course for the first time and one-half unit for each hour teaching the course each time thereafter.

I am requesting _____ OPPCE units.

- () I taught a continuing education course. The board's OPPCE approval number is _____.
- () I taught for _____ hours.
- () I taught for _____ hours on each of _____ subsequent occasions.
- () I taught a course in orthotics, prosthetics, or pedorthics that is part of the curriculum of an institution of higher education.
- () I am a faculty member. The course was _____ (semester) (quarter) (trimester) hours.
- () I am not a faculty member. I taught for _____ hours.

→ **PLEASE PROVIDE DOCUMENTATION THAT VERIFIES PERFORMANCE OF ACTIVITY CLAIMED:**
→ *catalog description, teaching schedule, letter from faculty member or dept. chair, CE materials, etc.*

SIGNATURE

DATE

BOARD USE ONLY

Total Hours approved: _____

Reviewed by _____

Date _____