

Approved Provider Registration

For Entities That are Deemed Approved as Providers of Continuing Education Under Section 76.10(i)(2) of Commissioner's Regulations

Regulations of the Commissioner of Education Section 76.10(i)(2) states: The Department shall deem approved as a sponsor of coursework or training offered to licensed occupational therapists or occupational therapy assistants to meet the continuing competency requirement:

- i. A sponsor of coursework or training that is approved by the American Occupational Therapy Association, the National Board for Certification in Occupational Therapy, the New York State Occupational Therapy Association, the International Association for Continuing Education and Training, or an equivalent organization determined by the Department;
- ii. postsecondary institutions, provided that such approval is limited only to the offering of courses in programs that are registered by the Department, or in equivalent programs that are accredited by an acceptable accrediting agency; or
- iii. postsecondary institutions, or a consortium of such institutions, that offer programs that are registered as leading to license in occupational therapy or authorization to practice as an occupational therapy assistant or postsecondary institutions that offer equivalent professional education programs accredited by an acceptable accrediting agency, for credit and noncredit offerings.

Organizations that fall under one of the categories listed above do not have to submit a fee or an application for approval as a provider of occupational therapy and occupational therapist assistant continuing education. However, they must register with the State Board of Occupational Therapy by completing the following and submitting this form to the Office of the Professions at the address at the end of the form.

Name of Organization: _____

Mailing Address: _____

Contact Person: _____

Telephone: _____ Fax: _____ E-mail: _____

Web address: _____

Please indicate which category, from those listed above, your agency falls under and provide documentation that substantiates your claim.

We agree to comply with the requirements of Section 76.10 of the Regulations of the Commissioner. We further agree to provide the State Education Department with such information, and to permit it to conduct such site visits, as it may request to ensure compliance with those requirements.

Signature: _____ Date: _____ / _____ / _____

Print Name: _____ mo. day yr.

Title: _____

Mail this form to: The New York State Education Department, Office of the Professions, State Board for Occupational Therapy, 89 Washington Avenue, Albany, NY 12234-1000

This application may also be submitted to the State Board for Occupational Therapy electronically by e-mail at OTBD@nysed.gov