

Application for Continuing Professional Development Units

Please read before beginning the application.

A signed application for continuing professional development units, or CPDs, must be received by DODD 30 days before the first day of the training.

Training Requirements

Training approval expires on the date listed on the returned application or whenever there is a significant change to the training's objectives or syllabus. In both cases, a new application must be submitted with supporting documentation.

A copy of this form will be returned to the applicant with an approval number or disapproval reason noted.

Training offered for credit in the areas of adult services, SSA, or board member training that is provided by

- a county board of developmental disabilities,
- the Ohio Association of County Boards of Developmental Disabilities, or
- the Ohio Association of Superintendents of County Boards of Developmental Disabilities

may be approved by an acting superintendent of a county board of developmental disabilities, and does not need department approval.

Training content submitted must match the type of certification approval requested.

A minimum of one hour is required for approval. After one hour, partial hours may be approved in 30-minute increments (1.5 hours = 1.5 CPD units).

Documentation

A syllabus, agenda with timeline, and PowerPoint presentation of the training must be submitted with the application. Not completing the application or neglecting to include supporting documents will result in a delayed response to the application.

On the Day of Training

Training instructors are responsible for maintaining records to sufficiently document attendance by participants.

Training participants must attend the entire session as described in the agenda or syllabus to receive credit. Partial credit will not be approved.

Training participants are responsible for securing verification of attendance and CPD approval codes at the conclusion of training.

Note: This form uses the term "credit hour" in discussing any one hour of the following:

5123-10-04 – *Professional development* for Early Intervention service coordinators and Early Intervention service coordination supervisors (effective 7/1/19)

5123:2-1-13 – *In-service training* for county board members

5123:2-5-01, 5123:2-5-02, 5123:2-5-03, and 5123:2-5-07 – *Continuing professional education* for adult services workers, service and support administrators, superintendents, and investigative agents

5123-10-05 – *Professional development* for developmental specialists (and EI supervisors)

Email this form and supporting documents to provider.certification@dodd.ohio.gov.



Application for Continuing Professional Development Units

Applicant's name	Email	Title or position	County
Employer	Address		Phone
Title of training	Course objective(s) and brief description		
Date(s) of training or first day available	Location of training or web address		
<input type="checkbox"/> check if this is an ongoing training			
Instructor(s) or content creator name(s) and title(s)	Select delivery method		
	<input type="checkbox"/> In-person training	<input type="checkbox"/> Online course	
	<input type="checkbox"/> Live webinar	<input type="checkbox"/> Other, specify:	
Attendance verification method			
<input type="checkbox"/> Sign-in sheet	<input type="checkbox"/> Learning management system (LMS)	<input type="checkbox"/> Report generated by webinar service	<input type="checkbox"/> Other, specify:
Name of person verifying attendance	Title or position	Agency	
CPD type	Hours requested	Hours approved	Signature of applicant
Adult services*	<input type="checkbox"/>	<input type="checkbox"/>	Date
County board member*	<input type="checkbox"/>	<input type="checkbox"/>	Approval number
El developmental specialist/supervisor	<input type="checkbox"/>	<input type="checkbox"/>	Expiration date
El service coordinator/supervisor	<input type="checkbox"/>	<input type="checkbox"/>	Denial reason
Investigative agent	<input type="checkbox"/>	<input type="checkbox"/>	Reviewer comments
Service and support administration*	<input type="checkbox"/>	<input type="checkbox"/>	Signature of reviewer
Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	Date

*Local training for adult services, county board members, and service and support administration may be approved by the superintendent of a county board of developmental disabilities. Statewide or regional training in these areas may be approved by DODD.

Email completed application and supporting documents to provider.certification@dodd.ohio.gov