



APPLICATION FOR SPONSORSHIP AS A CONTINUING EDUCATION PROVIDER FOR OCCUPATIONAL THERAPISTS & OCCUPATIONAL THERAPY ASSISTANTS

State Form 53953 (6-09)

RETURN THIS APPLICATION TO:
INDIANA OCCUPATIONAL THERAPY COMMITTEE
PROFESSIONAL LICENSING AGENCY
 402 West Washington Street, Room 072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-2051
 www.pla.IN.gov

PLEASE TYPE OR PRINT LEGIBLY

| SPONSORING ORGANIZATION INFORMATION | | | |
|--|-----------------------|----------------|--------------------------------|
| Name of sponsoring organization | | | |
| Address (number and street, city, state, and ZIP code) | | | |
| Daytime telephone number () | E-mail address | | Web address |
| Signature of authorized individual | | | Date signed (month, day, year) |
| Printed name of authorized individual | | Title | |
| Telephone number () | Fax number () | E-mail address | |

| AUTHORIZATION FOR RELEASE OF INFORMATION |
|--|
| <p>I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency or Indiana Occupational Therapy Committee, any files, documents, records or other information pertaining to the undersigned requested by the Agency or the Committee or any of their authorized representatives in connection with processing this application for approval of an organization to provide continuing education courses.</p> <p>I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.</p> <p>I further authorize the Professional Licensing Agency, or the Indiana Occupational Therapy Committee to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Committee from any and all liability in connection with such disclosures.</p> <p>A photostatic copy of this authorization has the same force and effect as the original.</p> |

| AFFIRMATION | |
|--|------------------------------------|
| I hereby swear or affirm, that I have read the above statements and agree to same. | |
| Printed name of authorized individual | Signature of authorized individual |
| Title | Date signed (month, day, year) |

NOTICE

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record.