

**BELTSS FORM E-2 - Application for Approval of Continuing Education Courses**  
**This form must be submitted on the prescribed form, in order to be considered**

**PROVIDER INFORMATION**

Provider Name, Address, and Phone Number	Name and email address of Program coordinator
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**COURSE INFORMATION**

Program Title	Specify which topics of "Subjects for Examination" are used. Refer to <b>The BELTSS Laws &amp; Rules</b> section 4751-1-06 for a complete listing (located at <a href="http://www.beltss.ohio.gov">www.beltss.ohio.gov</a> , home page under the topic, "Statutory Authority").
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Program Date (s)

City/State

Location

Instructional Hours –round down to the nearest quarter hour.(Actual hours minus breaks, lunch, evaluations, and viewing exhibits)

Registration Fee

Phone Number and/or web address for Registration

Specify Methods of Teaching to be Used

Is this Program Open to the Public?  
Yes  No

List the educational objectives for the program(attach separately, if needed)

For traditional classroom events specify an accurate, detailed agenda showing the exact time and topics scheduled.

For self-study, distance learning, & webinars, validate continuing education hours by revealing processes used, i.e. pilot testing, student evaluations, NAB standards etc. Must have the following: 10 post test questions for 1<sup>st</sup> hour of CEU ( 5 per additional hour/CEU), passing score of not less than 80%, and submit post test questions with BELTSS E-2 form or Preferred Provider Monthly Report

List in detail the names and qualifications of each program instructor and include a brief Bio of his/her relevant education and experience (**please no resumes or curricula vitae**)

One (1) copy of this application must be returned via mail or email:  
Board of Executives of Long-Term Services & Supports  
246 N. High Street, 1<sup>st</sup> Floor  
Columbus, OH 43215  
[lhedrick@age.ohio.gov](mailto:lhedrick@age.ohio.gov)

**All requested information must be submitted on the prescribed form, in ordered to be considered.**