COURSE REGISTRATION & LEARNER VERIFICATION FORM

Motor-Integrated, Multisensory Approaches to Early Literacy for Occupational Therapy Practice

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SECTION 1 — Learner Information (Required)

Full Legal Name:

Preferred Name (optional):

Email Address:

Phone Number:

Home Address:
Street: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____

SECTION 2 — Professional Information (Required)

Primary Profession:
☐ Occupational Therapist (OTR/L)
☐ Occupational Therapy Assistant (COTA)
☐ OT Student
☐ Other (specify): _____

State(s) of Licensure:

License Number(s):

Years of Experience:
☐ 0–1

☐ 2–5
☐ 6–10
☐ 11–20
☐ 20+

Primary Practice Setting:
☐ School-based
☐ Early Intervention
☐ Outpatient Pediatrics
☐ Inpatient/Acute
☐ Home-based
☐ Other: _____

SECTION 3 — Learner Identity Verification (Required)

By checking the box below, I certify that:

☐ **I am the individual registering for this course and all information provided is accurate.**
☐ **I understand that falsifying identity or credentials may result in removal from the course and invalidation of any certificate issued.**

SECTION 4 — Course Requirements Acknowledgment (Required)

I acknowledge that:

☐ This course provides **introductory-level professional development** and does not certify clinical competency.
☐ I must complete **all modules, quizzes, and the final assessment** to receive a certificate of completion.
☐ I am responsible for ensuring that this course meets my state or employer's continuing education requirements.
☐ I understand that course content is **evidence-informed and occupation-centered**, and does not promote any specific product or service.
☐ I will not share course materials, downloads, or login credentials with others.

SECTION 5 — Technology Requirements (Required)

☐ I confirm that I have reliable internet access and a device capable of streaming video.
☐ I understand that technical support is available for access-related issues.

SECTION 6 — ADA ACCESSIBILITY & ACCOMMODATION STATEMENT (Required)

This provider is committed to ensuring full access and participation for all learners.
By checking the boxes below, I acknowledge the following:

☐ **I understand that reasonable accommodations are available in accordance with the Americans with Disabilities Act (ADA).**
☐ **I may request accommodations at any time before or during the course by contacting the course administrator.**
☐ **Examples of available accommodations include:**

- Captioned video content
- Alternative text formats
- Extended time for assessments
- Screen-reader-friendly materials
- Support for sensory, visual, auditory, or motor accessibility needs

☐ **I understand that accommodation requests will be addressed promptly and confidentially.**

If you require accommodations, please describe them here (optional):

SECTION 7 — Consent, Policies & Payment (Required)

By checking the boxes below, I agree to the following:

☐ **Privacy & Data Use:** I consent to the collection of my registration information for course administration and CEU documentation.
☐ **Communication Consent:** I agree to receive course-related emails, reminders, and updates.
☐ **Refund Policy:** I have reviewed and understand the provider's refund policy.
☐ **Code of Conduct:** I agree to engage respectfully and professionally in all course interactions.
☐ **Payment Notice:** *I understand that a payment invoice will be sent to me after my registration has been reviewed and approved.*

SECTION 8 — Digital Signature (Required)

By signing below, I affirm that I have read, understood, and agree to all course requirements, policies, accessibility statements, and payment terms.

Digital Signature:

Date:
