



PROVIDER REQUEST FOR RCH REPORT LISTINGS

(submit one for each program, make copies as needed)

PROVIDER NAME _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NUMBER _____

PROGRAM TITLE _____

DATES OF PROGRAM _____

LOCATION OF PROGRAM _____

COST TO ATTEND _____

TYPE OF PROGRAM (please check one): Closed Agency In-Service
 Open on Limited Basis
 Open to the Public

NUMBER OF CLOCK HOURS AWARDED _____

PROVIDER NUMBER WITH LETTER DESIGNATION _____

**Applications may be faxed to the OCDP Board at (614)387-1109 or mailed to 37
West Broad Street, Suite 785, Columbus, OH 43215.**