



# CERTIFICATION OF COMPLETION OF PROFESSIONAL DEVELOPMENT UNITS & CONVICTION/DISCIPLINE

The Board of Occupational Therapy has received your renewal application and fees. However, you failed to complete the renewal form as required. In order to process your renewal, please complete all three (3) sections of this form, sign, and date. Return to the Board by MAIL or EMAIL at the above address.

#### 1. PROFESSIONAL DEVELOPMENT UNITS

ACTIVE RENEWAL: I successfully completed 24 Professional Development Units (PDUs) in accordance with Title 16, California Code of Regulations sections 4160-4163.

INACTIVE RENEWAL: I am requesting inactive status and not subject to the PDU
requirement. I am aware that I cannot practice in California with an "inactive" license.
NOTE: If your renewal form was not received on or before the expiration date of your license,
you <b>CANNOT</b> renew with Inactive Status.

## 2. CONVICTION/DISCIPLINE

Have you been convicted of or pled guilty or nolo contendere to any misdemeanor or felony, whether or not the conviction has been dismissed, or been disciplined by another public agency in this or any other state, subsequent to your last renewal? (If you select YES, please indicate circumstances and court, and send copies of the court documents to the Board, if available.)

NO Yes Nature of Conviction & Court

## 3. PLEASE LIST THE PROFESSIONAL DEVELOPMENT UNITS YOU HAVE COMPLETED SINCE YOU LAST RENEWED:

Course Name	# of PDUs	Date Completed
Course Name	# of PDUs	Date Completed
	#011203	Date Completed
Course Name	# of PDUs	Date Completed
Course Name	# of PDUs	Date Completed

Course Name	# of PDUs	Date Completed
Course Name	# of PDUs	Date Completed
Course Name	# of PDUs	Date Completed
Course Name	# of PDUs	Date Completed
Course Name	# of PDUs	Date Completed
Course Name	# of PDUs	Date Completed
Course Name	# of PDUs	Date Completed
Course Name	# of PDUs	Date Completed

## 4. CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Please print:	Name	OT/OTA #	
		(Please circle one)	(License Number)

Date

#### You CANNOT work with an expired license!

If you have questions, please contact the Board at (916) 263-2294.