



CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
2005 Evergreen Street, Suite 2250, Sacramento, CA 95815-3831
T: (916) 263-2294 F: (916) 263-2701
E-mail: cbot@dca.ca.gov Web: www.bot.ca.gov



DELINQUENT RENEWAL FORM

You can renew online at www.breeze.ca.gov. Or you can complete all sections of this form, sign, date and mail to the Board of Occupational Therapy at the above address along with the appropriate fee and continuing competency certificates. Delinquent renewal fees are as follows:

- OTs - \$330 to renew (\$220 renewal fee + \$110 delinquent fee)
OTAs - \$270 to renew (\$180 renewal fee + \$90 delinquent fee)

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.

2. PLEASE LIST THE PDUs YOU HAVE COMPLETED (USE ADDITIONAL SHEETS IF NEEDED) SINCE YOU LAST RENEWED AND ATTACH YOUR CERTIFICATES OF COMPLETION

Table with 3 columns: Course Name, # of PDUs, Date Completed. Contains 4 rows for listing completed PDUs.

3. 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.)

- NO Yes Nature of Conviction & Court

4. ADDRESS VERIFICATION

Name _____ OT/OTA # _____
Please circle one

Address of Record _____

City, State _____ Zip Code _____

Contact Number (_____) _____ Email _____

Please note: If the above address is not your address of record, you must also submit an Address Change Request form.

5. CERTIFICATION

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

Signature of License Holder Date

You will receive a new pocket license is approximately 2-3 weeks after your license expiration date is updated. You may verify on the Board's website if your license has been updated.

***You CANNOT practice
in the State of California with an expired license!***

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