

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR CALIFORNIA BOARD OF OCCUPATIONAL THERAPY 1610 Arden Way, Suite 121, Sacramento, CA 95815

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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, you must complete all five (5) 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.
FIRST RENEWAL: PDUs are not required for first license renewal following issuance of the initial license.
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 <i>CANNOT</i> renew with Inactive Status.
2. CONVICTION
Have you been arrested, convicted, or pled guilty or nolo contendere to any crime, since your license was issued or since you last renewed? This includes all arrests, pleas, and convictions for misdemeanors and felonies and traffic violations involving drugs or alcohol, and all citations or infractions involving fines over \$700.
☐ NO ☐ Yes Nature of Conviction & Court
3. DISCIPLINE
Have you had any license disciplined or a renewal denied by a government agency, the USA or its territories, military court, a foreign government, or other disciplinary body since your license was issued or since you last renewed?
□ NO □ Yes License Number & State
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4. LISTING THE PDUS YOU COMPLETED SINCE YOU LAST RENEWED IS REQUIRED: (see next page)

Course Name	# of PDUs	Date Completed	
Course Name	# of PDUs	Date Complete	
Course Name	# GIT 500	Date complete	
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	
5. CERTIFICATION			
I certify under penalty of perjury under the la	aws of the State of Californi	a that the foregoing	
Please print: Name	OT/ Pleas	OT/OTA # Please circle one	
Signature of License Holder	 Date		

You CANNOT work with an expired license!

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