



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
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APPLICATION TO RESTORE LICENSE TO ACTIVE STATUS

To process your request, please complete all sections of this form, sign, date and submit to the California Board of Occupational Therapy at the above address along with the appropriate activation fee. (Activation fees: OTs \$220.00; OTAs \$180.00)

1. 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.

2. 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.

ACTIVE RENEWAL (5 OR MORE YEARS RETIRED STATUS): I successfully completed 40 Professional Development Units (PDUs) in accordance with Title 16, California Code of Regulations sections 4161(g).

3. CONVICTION/DISCIPLINE

Have you been convicted of or pled guilty or nolo contendere to any misdemeanor or felony, whether the conviction has been dismissed or not, 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 _____

