

1. ADDRESS VERIFICATION

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

2005 Evergreen Street, Suite 2250, Sacramento, CA 95815-3831

T: (916) 263-2294 F: (916) 263-2701

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





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)

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.) YES Nature of Conviction & Court _____ NO

4. PLEASE LIST THE PROFESSIONAL DEVELOPMENT UNITS YOU HAVE COMPLETED:

Please note: All PDU's must be completed within two (2) years of the date the request for reactivation is 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
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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 unde foregoing is true and correct.	r the laws of the State of California t	hat the
Signature of License Holder		

Processing time to receive a new pocket license is approximately 2-3 weeks after the Board updates your license. You may verify on the Board's website if your license has been updated. If you have questions, please visit our website www.bot.ca.gov or contact the Board at (916) 263-2294.