

1 ADDRESS VERIFICATION

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

P (916) 263-2294 | cbot@dca.ca.gov | www.bot.ca.gov



## APPLICATION TO RESTORE RETIRED 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 \$270.00; OTAs \$210.00)

Name	OT/OTA #	
	(Please circle one) (License Number)	
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 content felony, whether or not the conviction has been dismissed public agency in this or any other state, subsequent to y YES, please indicate circumstances and court, and send to the Board, if available.)	, or been disciplined by another our last renewal? (If you select	
☐ NO ☐ Yes Nature of Conviction & Court		

Form ARL Rev 9/2021

## 4. PLEASE LIST THE PROFESSIONAL DEVELOPMENT UNITS YOU HAVE COMPLETED AND ATTACH YOUR CERTIFICATES OF COMPLETION:

Please note: All PDU's must be completed within two (2) years of the date the request for reactivation is completed. (Use additional sheets if needed).

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
Course Name	# of PDUs	Date Completed
5. CERTIFICATION		
I certify under penalty of perjury under the laws of th is true and correct.	e State of California t	hat the foregoin
Signature of License Holder	Date	

You may verify on the Board's website if your license has been updated.

If you have questions, please visit our website <a href="www.bot.ca.gov">www.bot.ca.gov</a> or contact the Board at (916) 263-2294.