



**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**

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**QUARTERLY WRITTEN REPORT**

Please complete this report and submit it to the Board quarterly during your probationary period. (Follow the reporting periods. Other forms, correspondence, or telephone calls will not be accepted.)

- ✓ Reports must be postmarked within ten (10) days of the close of each quarter.
- ✓ Early submission of the report will not be accepted.

**FAILURE TO SUBMIT A QUARTERLY REPORT WITHIN TEN (10) DAYS FROM THE CLOSE OF EACH QUARTER WILL CONSTITUTE A VIOLATION OF PROBATION.**

TYPE OR PRINT CLEARLY

**QUARTERLY REPORTING PERIOD**

- January 1 – March 31, 20\_\_\_\_       July 1 – September 30, 20\_\_\_\_
- April 1 – June 30, 20\_\_\_\_       October 1 – December 31, 20\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ (street, city, zip code)      Is this a new address?    Yes  No

**EMPLOYMENT STATUS**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_      Supervisor's Name: \_\_\_\_\_

Your Date of Hire: \_\_\_\_\_      Supervisor's Job Title: \_\_\_\_\_

Shift/Hours: \_\_\_\_\_      Your Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Is this a change of employment?    Yes  No

Are you working for a registry/home health agency?    Yes  No

Have you informed your employer of the probationary status of your license?    Yes  No     Date informed employer: \_\_\_\_\_

Have you provided your employer with a copy of the Accusation/Statement of Issues and terms of your probation?    Yes  No

If no, please explain why below:

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION** (Attach proof of completed coursework.)

<u>Coursework Assigned</u>	<u>Name of Provider</u>	<u>Hours/Units</u>	<u>Date Completed</u>
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Are you attending or have you completed the assigned remedial coursework? Yes  No   
In this quarter, did you enroll in any required courses? Yes  No  If no, explain below:

If you are developing your continuing education plan, detail below the actions you have taken to meet this requirement:

**THERAPY** (Please complete the following if applicable.)

Are you currently participating in psychotherapy? Yes  No  Date of first appointment \_\_\_\_\_

List the dates of your appointment(s) during the quarter and indicate if you kept the appointment(s). \_\_\_\_\_

Doctor/Therapist's Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Are you currently participating in group therapy? Yes  No  How often do you attend? \_\_\_\_\_

What is the name of the group? \_\_\_\_\_

**REHABILITATION PROGRAM** (Please complete the following if applicable.)

Are you attending or have you completed an alcohol/drug rehabilitation program? Yes  No

Name of Program: \_\_\_\_\_ Name of Counselor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please circle the type of rehabilitation program: Residential/In-patient/Out-patient

Date entered program: \_\_\_\_\_ Date program completed: \_\_\_\_\_

What treatment components did the program include?

**CHEMICAL DEPENDENCY SUPPORT GROUP** (Please complete the following if applicable.)

Do you attend **and** participate in a chemical dependency program (i.e. Alcoholics Anonymous, Narcotics Anonymous, or any other Support Group)? Yes  No

If you failed to comply with this term during this quarter, provide a detailed explanation regarding your failure to do so:

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Group Name: \_\_\_\_\_

*ATTACH COPIES OF PROOF OF ATTENDANCE DURING THIS QUARTER (All entries must be signed by the group secretary/facilitator.)*

How many meetings per week did you attend? \_\_\_\_\_ Do you have a sponsor? Yes  No

What is the date of your sobriety? Alcohol: \_\_\_\_\_ Drugs: \_\_\_\_\_

Have you abstained from alcohol and/or drugs during this period of probation? Yes  No

If your answer was no, when was the last time you used drugs or alcohol and what were the circumstances? \_\_\_\_\_

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**PRESCRIPTION MEDICATIONS** (Please complete only if biological fluid testing is a term of your probation.)

Are you currently taking prescription medications? Yes  No  If your answer is yes, please list the medication(s), dosage(s), when it was prescribed, and the reason prescribed:

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**RECOVERY COSTS** (Please complete the following if applicable.)

In this quarter, have you paid recovery costs as directed in your terms and conditions of probation? Yes  No

If you answered no, provide an explanation: \_\_\_\_\_

Do you want to establish a payment plan? Yes  No

**ADDITIONAL INFORMATION**

What steps have you taken during this period of probation to prevent a reoccurrence of the violation that led to your probation:

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In this quarter, have you been arrested or charged with a crime? Yes  No

If you answered yes, provide a detailed explanation and attach the arrest report: \_\_\_\_\_

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Name of arresting agency: \_\_\_\_\_

Address of arresting agency: \_\_\_\_\_

In this quarter have you been convicted of a crime? Yes  No

If you answered yes, provide a detailed explanation (Attach the certified court documents.) \_\_\_\_\_

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Name of court: \_\_\_\_\_

Address: \_\_\_\_\_ Case Number: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

In this quarter were you disciplined by your employer in any manner, i.e., adverse action, counseling, reprimand, suspension, demotion, or termination? Yes  No

If you answered yes, provide a detailed explanation and attach all documentation relating to the imposed discipline:

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In this quarter, were you the subject of a complaint, review or investigation? Yes  No

If you answered yes, provide a detailed explanation of the incident that led to the filing of a complaint/investigation. Include the status of the investigation:

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**I declare under penalty of perjury under the laws of the State of California that the foregoing, the enclosed statements or documents are true and correct, and I further declare that I have obeyed all federal, state and local laws, including all statutes and regulations governing my license and that I have fully complied with the terms and conditions of the probation program established by the Board during this period of my probation.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date