



REQUEST FOR ACTIVE STATUS

Please complete all sections of this form, sign, date, and mail to the Board of Occupational Therapy at the above address and copies of continuing competency certificates.

1. PROFESSIONAL DEVELOPMENT UNITS

I successfully completed 24 Professional Development Units (PDUs) in accordance with Title 16, California Code of Regulations sections 4160-4163.

LIST THE PDUs YOU HAVE COMPLETED SINCE YOU LAST RENEWED AND ATTACH YOUR CERTIFICATES OF COMPLETION.
 (USE ADDITIONAL SHEETS IF NEEDED).

Course Name	# of PDUs	Date Completed

2. CONVICTION/DISCIPLINE

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

NO
 Yes
 Nature of Conviction & Court _____

3. ADDRESS VERIFICATION

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.

4. CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of License Holder Date

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

***You CANNOT practice
in the State of California with an expired license!***

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