



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.

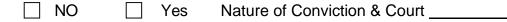
(USE ADDITIONAL SHEETS IF NEEDED).

Course Name	# of PDUs	Date Completed
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Course Name	# of PDUs	Date Completed
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Course Name	# of PDUs	Date Completed
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.)



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.