CONTINUING COMPETENCY REQUIREMENT COMPLIANCE REPORT MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE ***WAIVED IF NBCOT CERTIFICATION IS CURRENT***

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Name:		Telephone Number:	••	Address:		City, State, Zip Code:	ode:			
Maryland Occupational Therapy License Number:	Number:	Original Date of Licensure:	censure:	# of Continuing Competency Requirement Hours Required for Licensure: 0 (licensed less than 1 year, as of June 30) 24 (licensed 1 year or more, as of June 30) see COMAR 10.46.04(5)(6)(7)* *16 hours must be in occupational therapy principles & procedures (noted by "M"). The remaining 8 hours may be occupational therapy role-related activities (noted by "R") 3-8 years lapse in practice (see COMAR 10.46.04.04 C(3)(a)(b) 8 or more years lapse in practice (see COMAR 10.46.04.04 C(3)(c) Exception: Maintenance of Current Certification with the National Board of Certification in Occupational Therapy (NBCOT) (verification of certification reconstructions)	Competency Requirement Ho ess than 1 year, as of June 30) year or more, as of June 30) was must be in occupational therapy printing 8 hours may be occupational then see in practice (see COMAR 10 ars lapse in practice (see COMAR 10 (aintenance of Current Certificational Therapy (NBC).	tinuing Competency Requirement Hours Required for Licensure: ensed less than 1 year, as of June 30) ensed 1 year or more, as of June 30) see COMAR 10.46.04(5)(6)(7)* *16 hours must be in occupational therapy principles & procedures (noted by "M"). The remaining 8 hours may be occupational therapy role-related activities (noted by "R") ars lapse in practice (see COMAR 10.46.04.04 C(3)(a)(b) nore years lapse in practice (see COMAR 10.46.04.04 C(3)(c) tion: Maintenance of Current Certification with the National Board of ation in Occupational Therapy (NBCOT) (verification of certification required)	iired 210.46. rocedun ated ac C(3)(5.04.0. 6.04.0. ficatic	for Licens 04(5)(6)(7)* res (noted b) trivities (note (a)(b) 4 C(3)(c) National nn of certij	sure: o "M"). d by "R") Board o ication n	of equired)
Line				OT Board	# of CCR	Varification	Z	For R	For Review Use Only	Only
Activity Format (see legend below)	Course Title or Brief Description of Activity	Sponsor	Dates Completed	Pre-Approved Course # (200or)	Hours Earned	Documentation	R or	# of Hours	OT Related	Qualified Resources
1.										
2.					1					
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4.										
				Total From All Pages:						
nat (COMAR 10.46.04.9 Conferences (ult Education ((7) Internet Learning (8) Informal Self-Study (9) In-Service Training 	ning f-Study Training	(13) Poster F (14) Acaden (15) Fieldwo	(13) Poster Presentations (14) Academic Guest Lecturer (15) Fieldwork Supervision	(19) Reviewer Editor (20) Professional Study Group (21) Jurisprudence Exam (22) Volunteer Services	dy Group :am	ewer's	Reviewer's Initials & Date:	Date:	
t) Specialty Certification (5) Physical Agent Modalities (PAMS) (6) Auditing (7)	(10) Mentoring(11) Presentations(12) Develop Inst	10) Mentoring11) Presentations12) Develop Instructional Materials	(16) Text Book (17) Research (18) Evaluator	(16) Text Book/Article Publication(17) Research Projects(18) Evaluator	(22) Volunteer Services (23) Formal Self-Study	Services elf-Study			1	

documentation requirements is available at http://dhmh.maryland.gov/botp/2011_10.46.04_Reference_Guide.pdf. To maintain your records, complete this Compliance Report. For additional information, please contact the Board office at Spring Grove Hospital Center, 55 Wade Avenue, Bland Bryant Building, 4th Floor, Baltimore, MD 21228, (410) 402-8554 or health.maryland.gov/botp. Licensees must retain supporting documents for inspection by the Board for 4 years after the date of licensure, renewal or reinstatement. A Reference Guide for audit

11.	10.	9.	ò	7.	6.	5.	Line Item No.
							Activity Format (see legend below)
,							Course Title or Brief Description of Activity
							Sponsor
							Dates Completed
							OT Board Pre-Approved Course # (200or)
							# of CCR Hours Earned
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