MINNESOTA BOARD OF OCCUPATIONAL THERAPY PRACTICE

Protecting the Public

Occupational Therapy Practitioner Continuing Education Record

Name:	OT/OTA License #:
Address (City, State, Zip):	
Phone:	E-mail:

*Courses reported must be attended between the effective and expiration dates of the license.

Title of Workshop, Presentation, Seminar, Etc.	Name of Presenter, Sponsor, or Designee	Attendance Date(s) (MM/DD/YY)*	Contact Hours

The above information is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

(Over)

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Suite 240
St. Paul, MN 55102

Phone 612-548-2179
Email Occupational.therapy@state.mn.us
Website https://mn.gov/boards/occupational-therapy/

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