BOARD OF OCCUPATIONAL THERAPY PRACTICE 301 SOUTH PARK, 4TH FLOOR PO BOX 200513 HELENA MT 59620-0513

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(ELECTRONIC SUBMISSION IS PREFERRED)
WEB SITE: www.ot.mt.gov

CONTINUING EDUCATION APPROVAL REQUEST FORM

INSTRUCTIONS: Submit this form along with an outline, agenda, brochure. or syllabus that shows the <u>times and content</u> of the course. A short vita or resume of the presenters is requested. Please enter all information, including sponsor, and sponsor contact information.

NAME OF REQUESTOR:	
NAME OF CONTACT PERSON:	PHONE NO.
E-MAIL:	
PROGRAM NAME:	
SPONSOR	
ADDRESS	
WEB SITE	
LOCATION OF PROGRAM	DATE(S) OF PROGRAM
TOTAL HOURS REQUESTED	

SUBMITTAL INSTRUCTIONS:

Please submit this form with the (1) Course Agenda, (2) Course Brochure, and (3) Resume of Presenter.

Your request will be reviewed by the board at the next scheduled meeting. Go to www.ot.mt.gov and select Administrative Rules from the "REGULATIONS" tab. Click on "Administrative Rules" to locate the continuing education requirements: 24.165.2101 CONTINUING EDUCATION - WAIVER

NOTE: YOU DO NOT NEED TO SUBMIT THIS FORM IF:

The course is offered or approved by the Montana Occupational Therapy Association, the American Occupational Therapy Association, the American Society of Hand Therapists, the American Journal of Occupational Therapy or the National Board for Certification in Occupational Therapy. Per board rule the course is pre-approved.