



Florida Occupational Therapy Association

Event Title: _____

PRESENTED BY:

ATTENDEE NAME: _____

OFFERING TITLE: _____

Date: _____

This Program is approved for ____ Contact Hours
Continuing Education Provider Number: 50-4009.

Please keep this original certificate for your professional records;
do not send it to your professional board unless the certificate is specifically requested.

A handwritten signature in black ink, reading 'Debora Oliveira', is written over a horizontal line.

FOTA Vice President
Debora Oliveira