Florida Occupational Therapy Association Certificate of Continuing Education

Florida Occupational Therapy Association www.flota.org

Florida Board of OT Practice – Department of Health BIN #C05

4052 Bald Cypress Way

Tallahassee, FL 32309-3255 (850) 245-4373

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Participant's Name			_ License # _			
Address		City/State/ZIP				
□ OT □ COTA	F	Program Information				
Course Title			CE Broker T	racking # 2	0	
Presenter(s)						
Number of Hours	Date		_			
Time Inam/pm Time Out	am/pm		Time In	am/pm	Time Out	am/pn
I certify t	hat I have been in atte	ndance for the above p	program for th	e time(s) sta	ated.	
Signature	Pri	nt Name				
·		pational Therapy Association e of Continuing Education Florida Board of OT Practice – Department of Health BIN #C05 4052 Bald Cypress Way				
		Tallahassee, FL	32309-3255		(850) 245-43	573
Participant's Name			License #			
Address	City/S	State/ZIP				
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I certify t	:am/pm that I have been in atte		Time In	·		am/pm
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Return the **yellow copy to the course monitor** and retain the **white copy for your records**. Keep this form in your records for at least 4 years in the event you are audited. Do not submit this form to the Florida Board of OT Practice Board *unless you are audited*.