

## Continuing Education Activities Log

Oregon Administrative Rule 339-020-0000 defines continuing education as participation in courses, classes, workshops and other means for the purpose of developing and updating professional skills to provide appropriate occupation therapy services.

**Your Name** \_\_\_\_\_ **Course/Class/Workshop Information**

Date Attended \_\_\_\_\_ Presenter \_\_\_\_\_ Credentials \_\_\_\_\_

Workshop Title \_\_\_\_\_

Sponsored By (OTAO, AOTA, Hospital, etc) \_\_\_\_\_ # CE Points \_\_\_\_\_

Category of CE \_\_\_\_\_ (Enclose Certificate of Successful Completion)

To obtain CE Credit, include explanation of application to OT practice \_\_\_\_\_

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Date Attended \_\_\_\_\_ Presenter \_\_\_\_\_ Credentials \_\_\_\_\_

Workshop Title \_\_\_\_\_

Sponsored By (OTAO, AOTA, Hospital, etc) \_\_\_\_\_ # CE Points \_\_\_\_\_

Category of CE \_\_\_\_\_ (Enclose Certificate of Successful Completion)

To obtain CE Credit, include explanation of application to OT practice \_\_\_\_\_

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Date Attended \_\_\_\_\_ Presenter \_\_\_\_\_ Credentials \_\_\_\_\_  
Workshop Title \_\_\_\_\_  
Sponsored By (OTAO, AOTA, Hospital, etc) \_\_\_\_\_ # CE Points \_\_\_\_\_  
Category of CE \_\_\_\_\_ (Enclose Certificate of Successful Completion)  
To obtain CE Credit, include explanation of application to OT practice \_\_\_\_\_  
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Date Attended \_\_\_\_\_ Presenter \_\_\_\_\_ Credentials \_\_\_\_\_  
Workshop Title \_\_\_\_\_  
Sponsored By (OTAO, AOTA, Hospital, etc) \_\_\_\_\_ # CE Points \_\_\_\_\_  
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I hereby certify to the Oregon Occupational Therapy Licensing Board that I have complied with OAR 339-020-0010 by completing the continuing education activities documented above and described on both sides of this log.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_