

**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

Participant's Name _____ License # _____

Address _____ City/State/ZIP _____

OT COTA

Program Information

Course Title _____ CE Broker Tracking # 20 - _____

Presenter(s) _____

Number of Hours _____ Date _____

Time In _____ am/pm Time Out _____ am/pm Time In _____ am/pm Time Out _____ am/pm

I certify that I have been in attendance for the above program for the time(s) stated.

Signature _____ Print Name _____

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*.

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