



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

DELAWARE BOARD OF OCCUPATIONAL THERAPY

**REQUEST FOR PRE-APPROVAL OF AN EDUCATIONAL ACTIVITY
FOR CONTINUING EDUCATION CREDIT**

LICENSEE INFORMATION (Complete this section only if form is submitted by licensee.)

Name: _____ Delaware License # _____
Home address: _____
Daytime phone: _____ Email: _____

SPONSOR/PRESENTOR INFORMATION (To be completed by provider/ or licensee providing course)

Sponsored By: _____
Contact Person: _____
Address: _____
Phone: _____ Email: _____

PROGRAM INFORMATION (To be completed by sponsor/licensee)

****Program Title:** _____
****Program Dates:** _____
Is Proof of completion provided? (i.e. Certificate) Yes _____ No _____
****Home Study?** Yes _____ No _____ If home study course, does sponsor collect a post-test? Yes _____ No _____

Total Contact Hours Requested (Excluding Breaks) _____

****Attach documentation (single sided copies only) of course objectives, presenter's credentials and detailed course schedule that indicates breaks and meal periods. No credit will be given for courses that relate to documentation or reimbursement that are required as a part of your job. No credit will be given for courses not directly related to the practice of occupational therapy or direct patient care. No credit will be given for the introduction of programs, breaks or meals. If you have any questions, you may reach the Board office by calling (302)744-4500.**

DECISION (Board Use Only)

_____ Approved Total Contact Hours Approved: _____

_____ Denied Reason denied or tabled: _____

_____ Tabled _____

Authorized Signature: _____ Date: _____