



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

**BOARD OF OCCUPATIONAL THERAPY PRACTICE**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

**REQUEST FOR PRE-APPROVAL OF CONTINUING EDUCATION**

Enter Name and Address of Contact to Whom Response Should Be Mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS**

**When to Submit**

Complete this form to request Board approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining an Occupational Therapy Practice license in Delaware. All CE activities must be approved by the Board. Either Delaware licensees or program providers may submit a request before the program takes place. However, if the program is not approved, the applicant will be notified and no CE credit given. The Board pre-approves CE sponsored or approved by AOTA or offered by AOTA-approved providers as long as the content is not excluded by Section 3.5.1.1 of the Board's [Rules and Regulations](#). If an organization above has **approved this program/course, STOP. You do not need to submit this form.** Examples of activities for which **no credit** is given for:

- courses that relate to documentation for reimbursement
- job-related duties in the workplace such a fire safety, OSHA or CPR or job-related meetings such as department meetings, student supervision and business meetings in the work setting.

**For full information on acceptable CE, see Section 3.0 of the Board's [Rules and Regulations](#).**

**Documentation Required**

Submit this form **no later than ten business days** before the Board's meeting to the address above.

- Complete and sign request form.
- If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware licensee submits the request, no fee is required.**
- Enclose documentation of the course objectives and a detailed course schedule with start and end times, showing breaks and meal periods.
- Enclose resume or curriculum vitae for each presenter.

**REQUESTER COMPLETES THIS SECTION**

1. Requester (check one):  Sponsor/Course Provider  
 Delaware Licensed Occupational Therapist or Occupational Therapist Assistant
2. If you are a Delaware Licensee requesting approval of a course, enter:  
Your Name: \_\_\_\_\_ Delaware License #: **U** \_\_ - \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. If you are a Sponsor requesting approval of a course, enter:  
Sponsored by: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip code  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website URL: \_\_\_\_\_

**REQUESTER COMPLETES THIS SECTION (continued)**

4. Check type of activity:

- Course       Professional Meeting/Activity       Publication       Presentation  
 Research/Grant    Specialty Certification       Fieldwork Supervision

5. Program Title: \_\_\_\_\_

6. Program Location: \_\_\_\_\_

7. Program Date(s): \_\_\_\_\_

**Enclose documentation of the course objectives and a detailed course schedule with start and end times, showing breaks and meal periods.**

8. List Program Presenter(s):

**Enclose resume or *curriculum vitae* (CV) for each presenter.**

PRESENTER NAME	TITLE

9. Is proof of completion provided? (i.e., Certificate) Yes  No

10. Total Contact Hours Requested (Excluding Breaks) \_\_\_\_\_

**Submit this application and all supporting documentation to the Delaware Board of Occupational Therapy Practice at the address above. If you have questions, email: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)**

**BOARD OFFICE COMPLETES THIS SECTION**

Board Review Date: \_\_\_\_\_

Approved for \_\_\_\_\_ hours. Approval Expires: \_\_\_\_\_

Tabled - List reason(s) below.       Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_