



GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

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IN-SERVICE ON PHYSICAL AGENT MODALITIES REPORTING FORM

INSTRUCTIONS:

1. Complete this form in ink.
2. List the actual start and end time. List the actual start and end times for breaks. Total contact hours do not include meals, breaks, and business meetings.
3. The licensee must sign the form. The program coordinator or instructor must sign and verify attendance.
4. Do not use this form if you have attended a course and received a course brochure/outline and a certificate of attendance. If you have a course brochure/outline and certificate of attendance, you may submit copies of those documents as proof of completion.
5. List the name of the In-service; date; hours; and topics included on the Content Documentation Form.
6. Attach this form to the Content Documentation Form in the order this In-Service is listed on the Content Documentation Form.

1. LICENSEE NAME

LAST

FIRST

MIDDLE

MAIDEN

2. LICENSE NUMBER: _____ ☐ OT ☐ OTA

Signature of Licensee

Date

3. PROGRAM TITLE: _____

4. PROGRAM PRESENTER: _____

CREDENTIALS: _____

5. LOCATION OF PROGRAM _____

6. START TIME _____ END TIME: _____ BREAK TIMES: _____

7. TOTAL CONTACT HOURS _____

(You must not include breaks, meals, or business meetings in the calculation of total hours)

8. HAS PROGRAM BEEN PRE-APPROVED BY THE BOARD? ☐ YES ☐ NO

9. PROGRAM DATE _____ 10. OUTLINE AND DESCRIPTION: _____

I VERIFY THE HOURS OF ATTENDANCE OF THE ABOVE NAMED LICENSEE FOR THE IN-SERVICE ABOUT PHYSICAL AGENT MODALITY AS SPECIFIED.

Signature of Instructor or Program Coordinator

Date

Title _____

Phone number _____

REV. 10/01