

Occupational Therapy Continuing Education Recording Form

Name: _____

License Number: _____

1. Activity information

Activity Title	
Type of Activity*	
Provider/Instructor	
Activity Date(s)	
Number of Contact Hours	

**Please identify the type of activity in which you participated (e.g., CE courses, self-paced clinical courses, CE products, workshops, seminars, lectures, and post-professional academic coursework).*

2. Activity learning objectives

3. Describe the relevance of the activity to your practice area.

4. Describe how the knowledge acquired from this activity will potentially impact your practice area.

Date of Entry: _____

5. Describe how the activity actually influenced the way you practice and/or your practice outcomes.

Date of Entry: _____

6. Attach documentation that verifies completion of the activity, such as certificate of completion or unofficial transcript.

7. Based on this reflection, what additional education would you want to pursue?