

APPLICATION FOR CONTINUING EDUCATION CONTACT HOUR CREDIT For Viewing Video Tapes/Prerecorded Tapes or Satellite Programs

Maximum of ten (10) contact hours allowed per year for viewing video tapes.

Date:	
To: New Mexico Board of Examiners for Occupational Therapy	
From (print name):	OTR/COTA (circle one)
Name of Video/Program:	
Time:hours/minutes (circle one)	
Name of instructor/credentials:	
JUSTIFICATION	
Explain how the program relates to licensee's present or the Therapy. Attach additional pages if necessary.	future position in the field of Occupational
Signature of Licensee:	Date:
Signature of Supervisor:	Date: