



NORTH CAROLINA BOARD OF OCCUPATIONAL THERAPY
Post Office Box 2280, Raleigh, North Carolina 27602
919/832-1380

**PROVIDER'S REQUEST FOR PRE-APPROVAL OF CONTINUING
COMPETENCE ACTIVITY**

PRESENTOR INFORMATION

Sponsored By: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

PROGRAM INFORMATION

Course Title: _____

Course Description: _____

Learning Outcomes: _____

How will competence be assessed at end of course?: _____

Target Audience: _____

Content Focus: _____

Contact Hours: _____

****Attach to this form:**

1. Agenda for the Activity
 2. Qualifications of Presenter(s)
 3. Sample Documentation for Demonstrating Satisfactory Completion by Course Participants. Documentation must include: name of participant, name of provider, date(s) of activity, title and location of the activity, # of continuing competence points earned and signature of provider.
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DECISION (Board Use Only)

Approved Total Contact Hours Approved: _____ Initials: _____

Denied Reason denied or tabled: _____

Tabled _____