



**OT/OTA LICENSE RENEWAL APPLICATION FORM**

Executive Council of Physical Therapy and Occupational Therapy Examiners  
1801 Congress Ave Ste 10.900 Austin, TX 78701  
(512) 305-6900 ptot.texas.gov

Name \_\_\_\_\_ License # \_\_\_\_\_

**Continuing Education Submission Form**

To renew, you attest to the continuing education activities you have completed for license renewal. The licensee is solely responsible for keeping accurate documentation of all continuing education activities and for selecting continuing education as per the requirements of Chapter 367 of the OT Rules. The required CE must include an HHSC-approved training course on human trafficking that meets requirements as per §367.1 of the OT Rules; verify that your human trafficking training course has been approved by HHSC from HHSC's list of approved human trafficking courses, accessible from <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>. (The list may also contain a "Continuing Education Credit/Special Note" column. Licensees are not required to select courses that specifically reference OTs and/or OTAs under that column.) Refer to the full Chapter 367 for further CE requirements.

Instructions: Enter your CE activities taken during this renewal period on the form below and complete all areas. You must earn a minimum of 24 CE hours that are eligible for CE credit as per the OT Rules in order to renew. See the OT Rules for further information. One course must meet the human trafficking training requirement.

Abbreviated activity/course names may be used if the entire name cannot be entered in the space below. Reproduce if necessary.

Activity/Name of Course	Completion Date (MM/DD/YYYY)	CE Hours	This activity meets the Human Trafficking Training Requirement
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes