

CE Audit Response Form

Complete this form and include with the CE Audit documentation you submit to the Board.

Please make additional copies as needed.

Include the required HHSC approved human trafficking course as the first activity.

Licensee Name: _____ License Number: _____

Date	Course Title and Summary with Information regarding the Course's/Activity's Intended Audience, Objectives, and Content, and how it applies to your Practice of OT	# CE Hours