GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

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https://sos.ga.gov/georgia-state-board-occupational-therapy

PHYSICAL AGENT MODALITIES REPORTING FORM

INSTRUCTIONS:

1. **Complete this form in ink.**
2. **This form is to be used to document in-service training in increments greater than or equal to 30 minutes but less than or equal to 3 hours. DO NOT use this form if you have attended a course and received a course brochure/outline and a certificate of attendance. If you have a course brochure/outline and certificate of attendance, you may submit copies of those documents as proof of completion.**
3. **List the name of the TRAINING; date; hours; and topics included on the Content Documentation Form.**
4. **List the actual start and end time. List the actual start and end times for breaks. Total contact hours do not include meals, breaks, and business meetings.**
5. **The program coordinator or instructor must sign this form and verify attendance. The licensee must also sign the form.**
6. **Attach this form to the Content Documentation Form in the order this training is listed on the Content Documentation Form.**
7. **<u>At no time should the applicant be performing PAMS on a client, even under supervision for teaching purposes</u>.**

1. LICENSEE NAME _____
LAST FIRST MIDDLE MAIDEN

2. LICENSE NUMBER: __ ☐**OT** ☐**OTA**

_____
Signature of PAM Applicant **Date**

3. TRAINING TITLE _____

4. PRESENTER: _____ **CREDENTIALS:** _____

5. DATE: _____ **LOCATION:** _____

6. START TIME: _____ **END TIME:** _____ **BREAK TIMES:** _____

7. TOTAL CONTACT HOURS _____
(You must not include breaks, meals, or business meetings in the calculation of total hours)

8.OUTLINE AND DESCRIPTION: _____

I VERIFY THE HOURS OF INSTRUCTION ON PHYSICAL AGENT MODALITY FOR THE ABOVE NAMED LICENSEE AS SPECIFIED.

Signature of Program Coordinator/Instructor **License Number**

Date _____

Title _____

Phone number: _____