GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY
3920 Arkwright Rd., Suite 195
Macon, Georgia 31210
(404) 424-9966 * https://sos.ga.gov/georgia-state-board-occupational-therapy

CONTENT DOCUMENTATION FORM

NAME _____

LAST FIRST MIDDLE MAIDEN

DAYTIME PHONE ___ - ___ - ____ **OTHER PHONE** ___ - ___ - ____

Applicant: Please list courses/programs and the date completed. For each course, indicate total number of hours that you would like the Board to consider, the number of hours to be counted toward the 36 hour specific content requirement and the topic areas that were covered in each course or program. You must total your hours at the end of the form. Please attach additional sheets if needed. The topics included are identified by letters; please use the following list to identify the required topic included.

A	Principles of physics related to specific properties of light, water and temperature, sound or electricity, as indicated by selected modality;
B	Physiological, neurophysiological and electrophysiological changes, as indicated, which occur as a result of the application of the selected modality;
C	The response of normal and abnormal tissue to the application of the modality;
D	Indications and contraindications related to the selection and application of the modality;
E	The guidelines for treatment or administration of the modality within the philosophical framework of occupational therapy
F	The guidelines for educating the patient including instructing the patient as to the process and possible outcomes of treatment, including risks and benefits;
G	Safety rules and precautions related to the selected modality
H	Methods of documenting the effectiveness of immediate and long-term effects of treatment; and
I	Characteristics of the equipment including safe operation, adjustment and care of the equipment.

DATE OF COURSE	COURSE TITLE	NUMBER OF TOTAL HOURS	NUMBER OF SPECIFIC HOURS	CHECK TOPICS INCLUDED								
				A	B	C	D	E	F	G	H	I
	OT Option (Not for use by an OTA)	54										
	OTA OPTION Anatomy & Physiology	8										
	OTA OPTION Chemistry	8										
	OTA OPTION Physics	8										
	OTA OPTION Curriculum course work related to Modalities	8										
TOTAL HOURS ON PAGE 1:												
TOTAL HOURS COMPLETED:												

Each Topic was covered at least once and I have included 90 contact hours and at least 36 of these hours meet specific content requirements and I have attached supporting documentation for each course. An OTA must also include a mandatory 15 hours of clinical application of modality by a qualified instructor that directly relate to the practical application of physical agent modalities.

This is page 1 of _____

Applicant's signature _____

NAME _____

LAST FIRST MIDDLE MAIDEN

DATE OF COURSE	COURSE TITLE	NUMBER OF TOTAL HOURS	NUMBER OF SPECIFIC HOURS	CHECK TOPICS INCLUDED								
				A	B	C	D	E	F	G	H	I
TOTAL HOURS ON PAGE ____:												
TOTAL HOURS ON PAGE 2												
TOTAL HOURS ON PAGE 1												
TOTAL HOURS COMPLETED:												

Each Topic was covered at least once and I have included 90 contact hours and that at least 36 of these hours meet specific content requirements and I have attached supporting documentation for each course.

This is page _____ of _____ (attach additional sheets if necessary)

_____

Applicant's signature