

Delaware Board of Occupational Therapy Meeting Attendance Log

Name: _____

License Number: _____

Please retain this form for your records. IF AUDITED, please upload this form with your Audit submissions to verify CE credits for meeting attendance.

Meeting Date	How did you attend?	Topic Discussed	Phone Number or Email Used During Meeting Attendance
1.	In Person Called In Teams		
2.	In Person Called In Teams		
3.	In Person Called In Teams		
4.	In Person Called In Teams		
5.	In Person Called In Teams		
6.	In Person Called In Teams		
7.	In Person Called In Teams		
8.	In Person Called In Teams		
9.	In Person Called In Teams		
10.	In Person Called In Teams		